

Whole Child Model Family Advisory Committee

Meeting Agenda

Monday, October 26, 2026

1:30 – 3 p.m.

Held Via Teleconference



1. Members of the public wishing to join the meeting may do so as follows:

Microsoft Teams: [Join the meeting now](#)

Dial in by phone: [+1 872-242-9041](#)

Phone conference ID: 788 724 477#

2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Advisory Committee or to address an item that is listed on the agenda may do so in one of the following ways.
 - a. Email comments by 5:00 p.m. on Wednesday, October 21, 2026 to WCMFAC@thealliance.health.
 - i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
 - ii. Comments will be read during the meeting and are limited to three minutes.
 - b. Public comment during the meeting when that item is announced.
 - i. State your name and organization prior to providing comment.
 - ii. Comments are limited to three minutes.

1. Call to Order by Chairperson Espinoza.

1:30 p.m.

- A. Roll call
- B. Supplements and deletions to the agenda
- C. Review Whole Child Model Family Advisory Committee mission statement
 - *To serve as an advocate for other families*
 - *Commit to improving care and services*
 - *Collaborate in problem-solving*
 - *Contribute to the success of the program*

2. Oral Communications by Members of the Public.

1:35 p.m.

- A. Members of the public may address the Advisory Committee on items not listed on today's agenda that are within the jurisdiction of the Advisory Committee.
 - A. Speakers are limited to three minutes per item.
 - B. Any individual may speak only once during Oral Communications.



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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B. If any member of the public wishes to address the Advisory Group on any item that is listed on today's agenda, they may do so when that item is called.

A. Speakers are limited to three minutes per item.

Consent Agenda Items:

1:40 p.m.

3. Approve WCMFAC meeting minutes of July 27, 2026.

Regular Agenda Items:

1:45 p.m.

4. **Annual Election of Officers**

1:45 – 1:50 p.m.

Action: Nominate and elect Chair and Vice Chair.

5. **Member Outreach and Retention**

1:50 – 2:10 p.m.

Inform and Feedback: Ronita will provide information about the Member Outreach and Retention initiative and solicit feedback.

6. **DHCS CCS Advisory Group Report**

2:10 – 2:20 p.m.

Inform: Paloma will provide updates from the Department of Health Care Services' CCS Advisory Group.

7. **Updates and Announcements**

2:20 – 2:45 p.m.

Alliance staff, committee members, and community partners will provide updates and announcements.

8. **Next Steps**

2:45 – 2:50 p.m.

Ronita will review future agenda items and Kayla will review action items.

9. **Adjourn**

2:50 p.m.

Information Item:

1. CalHHS Emergency Resource Guide:

<https://www.chhs.ca.gov/blog/2025/03/05/calhhs-emergency-resource-guide/>

The next meeting of the Whole Child Model Family Advisory Committee, after this October 26, 2026 meeting:

- Whole Child Model Family Advisory Committee
Monday, January 25, 2027
1:30 – 3 p.m.
Teleconference



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Members of the public interested in attending should call the Alliance at 800-700-3874 to verify meeting dates and locations prior to the meetings.

The complete agenda packet is available for review at Alliance offices, and on the Alliance website at <https://thealliance.health/about-the-alliance/public-meetings/>. The Advisory Group complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Alliance at least 72 hours prior to the meeting at WCMFAC@thealliance.health or 800-700-3874.



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Whole Child Model Family Advisory Committee



Draft Only – Pending Approval

Meeting Minutes

Monday, July 27, 2026

Teleconference Meeting

Members Present:

Voting Members

Cristina Vasquez Sanchez	Family Representative
Frances Wong	Family Representative
Irma Espinoza	Family Representative
Ivett Vasquez	Community Partner
Magdalena Mugica	Parent Center Representative
Megan Atkinson	Parent Center Representative
Michael Molesky	Commissioner
Paloma Barraza	Family Representative

Non-voting Members

Kevin Low	Community Partner
Manuel Lopez Mejia	Family Advocate

Members Absent:

Voting Members

Alicia Zambrano	Family Representative
Janna Espinoza	Family Representative
Katrina Hodges	Family Representative
Kazzandra Cunningham	Family Representative
Kelley Sandoval	Family Representative
Kevin Smith	Parent Center Representative
Marili Hernandez	Family Representative

Non-voting Members

Susan Paradise	Community Partner
Anna Rubalcava	Community Partner
Christine Betts	Community Partner

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Barbara Hurtado
Denise Sanford
Esperanza Compean
Oscar Flores

Community Partner
Community Partner
Community Partner
Community Partner

Staff Present:

Ally Garcia, MD
Carissa Grepco, RN
Jessica Villar, LCSW
Kayla Zoliniak
Lisa Moody, RN

Medical Director
Utilization Management Manager - Prior Authorizations
Care Management Supervisor
Administrative Specialist
Pediatric Care Management and California Childrens
Services Manager
Community Engagement Director

Guest Present:

Maria Echavarria

Community Partner

1. Call to Order by Chairperson Espinoza.

Paloma called the meeting to order at 1:35 p.m.

Ronita introduced Dr. Ally Garcia, Medical Director, who recently joined the Alliance.

Roll call was taken and a quorum was present.

Ronita acknowledged Manuel for his service to the WCMFAC.

There were no supplements or deletions to the agenda.

2. Oral Communications.

Ronita opened the floor for any members of the public to address the Advisory Committee on items not listed on the agenda. There was no public comment.

Consent Agenda Items: (3. – 5.)

Ronita opened the floor for approval of the meeting minutes of the previous meetings on April 27, 2026 and the 2027 schedule. Minutes and schedule were approved.

Regular Agenda Items:

6. Introduction of CCS Network

Lisa Moody, RN, Pediatric Care Management and California Childrens Services Manager, provided an overview and solicited feedback on the California Children's Services (CCS) network.

Committee members discussed the process of transitioning out of the CCS program and provided recommendations for personalized support for families before and during the transition process.

Committee members discussed the need for education about CCS and Medical Therapy Program (MTP) including to the public and families before enrollment, shortly after enrollment, and throughout enrollment.

Alliance staff emphasized there is a no-wrong-door approach for CCS referrals. Care management is available regardless of CCS enrollment.

Committee members discussed eligibility requirements for Medi-Cal, CCS, and MTP. Committee members expressed frustration with the complexity of the requirements.

Committee member expressed concern about transportation process, access, and timeliness for appointments.

Committee member shared the Department of Rehabilitation was a potential resource for families for support for access, equipment, and education.

Committee members expressed the importance of community and recommended opportunities to engage as a community.

Alliance staff clarified Medi-Cal emergency only coverage is through the state and starting January 1, 2027, members impacted by federal changes to how immigration status is classified will transition to Fee-for-Service (FFS) Medi-Cal. CCS members transitioned to FFS will have care management coordinated by the county CCS office.

Committee member asked about advocacy for raising the age limit to 25 years.

Alliance staff clarified that CCS eligibility is based on residency, income, age, annual visit with a CCS-paneled provider, and a qualifying medical condition. Qualifying medical conditions may have requirements beyond the diagnosis of the condition.

7. DHCS CCS Advisory Group Representative Report

Paloma provided updates from the most recent CCS Advisory Group meeting.

DHCS will be informing CCS members impacted by federal immigration status changes. Impacted members will receive information about the policy, guidance, and transition planning support.

The work requirement will include a screening for an exception for medically fragile members.

The electronic data interchange interface will be granting access to additional entities such as therapies to allow access to view health records.

Provider applications will require applying to become a CCS-paneled provider. An application process checklist was developed to help providers move through the process.

Medi-Cal Rx provides a 120-day transition period after members turn 21 for prescription medicines. Days impacted by disasters are included in the 120 days.

The 100th anniversary of CCS is in 2027. There may be a celebration, but details are not set.

Enrollment may be impacted due to fear of enrolling or renewing due to federal immigration status changes.

8. Comments and Announcements.

Committee member asked how WCMFAC members can support their communities. Alliance staff will follow up with the committee member to discuss ideas.

Committee member shared the DHCS CCS Advisory Group is set to end in December 2026. There is an effort to extend the advisory group and invited committee members to share stories showing the importance of CCS forums and gatherings.

Alliance staff announced Kevin Smith was recently recognized as American School Counselors Association Region 9 Special Education Administrator of the Year.

Alliance staff and committee member announced upcoming community events.

Alliance staff reminded families to submit Medi-Cal renewal paperwork on time and to contact their care manager if they have any questions about their individual situations.

Adjourn:

The meeting adjourned at 2:49 p.m.

The meeting minutes are respectfully submitted by Kayla Zoloniak, Community Engagement Administrative Specialist.

Next Meeting: Monday, October 26, 2026



Member Outreach and Retention

Ronita Margain, Community Engagement Director
October 26, 2026

Member Outreach and Retention	AGENDA: • Question for WCMFAC • Overview of MOR • Actions • Next Steps • Question for WCMFAC 
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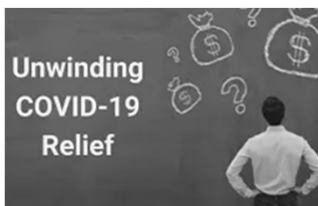
Question for WCMFAC

- What should the Alliance consider when planning 2027 Member Outreach and Retention efforts?



3

Drivers of Change



Expiration of
Federal
COVID-19
Unwinding
Flexibilities



Federal HR1
Law



Annual State
Budgets



4

What is **Member Outreach and Retention Program (MOR)**?



Efforts to help eligible members maintain their Medi-Cal coverage and stay connected to care.



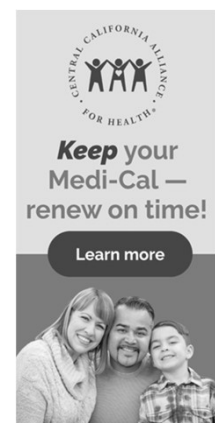
5

MOR Program: **Building Awareness**

Media Spots: Repeat video segment

- TV & DMV ads
- Bi-lingual Radio
- Social Media/Geo Ads
- Billboards
- Provider Office Materials
- Newsletters

Pop-Up Outreach: Alliance representatives in the communities where our members live



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MOR Program: Direct Member Outreach



Text Messages: Reminders to members who must complete annual renewals within 45 days.



Angelica: AI agent reminds members of their renewal date and provides assistance and support over the phone.



7

MOR Program: Renewal Support

In-Person and/or Telephonic support available to members via local community agencies.

PCP Renewal Support (coming soon!)



Medi-Cal Renewal Assistance Partners

Need help with your Medi-Cal renewal? Get free, personalized support from one of our trusted Medi-Cal Renewal Assistance Partners. Call your **county Medi-Cal office** or one of the community organizations listed below. Some organizations may also be able to help members in neighboring counties.

Please call before visiting. Some locations accept walk-ins, while others require an appointment.

To read more about how to renew, visit our [Renew your Medi-Cal page](#).

Community Organizations

Organizations marked with an asterisk (*) only serve members in their listed county.

Listing source found here: [MOR Tier 2 Grantee List.xlsx](#)

COUNTY

- ☐ Mariposa (4)
- ☐ Merced (4)
- ☐ Monterey (6)
- ☐ San Benito (1)
- ☐ Santa Cruz (7)

CITY

None

LANGUAGES

None



8

How everyone can help!

- Know the 3-step process to keep Medi-Cal coverage
- Reinforce three simple steps for members to stay covered:
 - Update contact information with the county
 - Know renewal date and check mail for renewal notices
 - Complete and return forms on time, if required

How to *renew* your Medi-Cal

Medi-Cal rules are *changing*. Keep your health care coverage so you can see your doctor and get your medication.

Know your renewal deadline and follow these three steps:

- 1 Complete it:**
You should get a renewal letter in the mail from your county Medi-Cal office. It will tell you any steps you need to take to renew. Fill out the required information.
- 2 Check it:**
Make sure to complete the full renewal. Missing or incomplete information can delay the process.
- 3 Return it:**
Submit the renewal on time.

Get help
You can get free information and personalized support. Get help from a Medi-Cal Renewal Assistance Partner near you.

Other ways to renew
If you do not get a renewal letter, there are other ways to renew:

- Use the BenefitsCal website.
- Contact your county Medi-Cal office to renew by mail, phone or in person.

If you are not sure about your renewal deadline, you can log in to BenefitsCal to find out when your renewal is due.

To learn more, or to get help with your Medi-Cal renewal, scan the QR code or visit www.thealliance.health/GetHelp.

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Question for WCMFAC

- What would you like the Alliance to consider when planning 2027 Member Outreach and Retention efforts?



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SUPPLEMENTAL INFORMATION



11

How to renew your Medi-Cal Flyer

How to *renew* your Medi-Cal

Medi-Cal rules are changing. Keep your health care coverage so you can see your doctor and get your medication.

Know your renewal deadline and follow these three steps:

- 1 Complete it:** You should get a renewal letter in the mail from your county Medi-Cal office. It will tell you any steps you need to take to renew. Fill out the required information.
- 2 Check it:** Make sure to complete the full renewal. Missing or incomplete information can delay the process.
- 3 Return it:** Submit the renewal on time.

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Cómo *renovar* su Medi-Cal

Las reglas de Medi-Cal están cambiando. Mantenga su cobertura de cuidado de salud para que pueda ver a su doctor y obtener sus medicamentos.

Conozca la fecha límite de su renovación y siga estos tres pasos:

- 1 Complétela:** Debe recibir por correo una carta de renovación de la oficina de Medi-Cal de su condado. La carta le indicará los pasos que debe seguir para renovar. Complete la información requerida.
- 2 Revísela:** Asegúrese de completar toda la renovación. La información faltante o incompleta puede retrasar el proceso.
- 3 Devuélvala:** Envíe la renovación a tiempo.

Obtenga ayuda
Puede obtener información gratuita y apoyo personalizado. Obtenga ayuda de una organización que brinda asistencia con la renovación de Medi-Cal cerca de usted.

Otras formas de renovar
Si no recibe una carta de renovación, hay otras formas de renovar:
 • Use el sitio web de BenefitsCal.
 • Comuníquese con la oficina de Medi-Cal de su condado para renovar por correo, por teléfono o en persona.

Si no está seguro de la fecha límite de su renovación, puede iniciar sesión en BenefitsCal para saber cuándo debe renovar.

Para obtener más información o ayuda con su renovación de Medi-Cal, escanee el código QR o visite www.thealliance.health/es/GetHelp.

PERSONAS SANAS. COMUNIDADES SANAS.
www.thealliance.health 08-2024

Yuav ua li cas thiaj li tau koj daim ntawv thov Medi-Cal dua tshiab

Cov cai ntawm Medi-Cal tab tom bloov paov. Khaws koj daim ntawv no kev pab them neq khawm kom koj thiaj li mus ntawb tau koj tau kev ibhe muab thiaj tau txais koj cov thiaj neq.

Paub hmoov kwag ntawm koj daim ntawv thov dua tshiab thiaj ua raws li peb kaaj ruam no:

- 1 Ua kom tiav:** Koj yuav tsum tau txais tab ntawv ntawv ntawv koj lub-chaw ua haujwm Medi-Cal hauv cheeb ntawg. Nws yuav dhiu koj hmoov txawv yam koj yuav tsum ua txais ntawv. Sau kom tau cov ntau ntawv uas yuav tsum tau muaj.
- 2 Xyuas:** Xyuas kom toeb tias koj tau ua law daim ntawv thov tshiab tag nruv. Cov ntau ntawv uas ploj laum losis tias tau yuav ua kom cov thajev theem qeab.
- 3 Xa rov qab:** Yu daim ntawv thov dua tshiab raws sijawm.

Txaiv tau kev pab
Koj tau yem tau txais cov ntau ntawv pab dawb thiaj kev thabwv nra sau tus khej. Tau txais kev pab los ntawm Medi-Cal Cov Khaws Kua Kev Pab Cuum Thov Ua Dua (Medi-Cal Renewal Assistance Partner); raws li sau hauv los Aishii uas nyob nr koj.

Lwm txoj kev los thov dua tshiab ntawv
Yog tias koj tau txais tab ntawv thov dua tshiab, muaj hem tau kev los thov dua tshiab tau:
 • Siv BenefitsCal lub wevkaiv.
 • Tiv tauq lub-chaw ua haujwm Medi-Cal hauv cheeb ntawg kom rov ua ntawv thov dua tshiab los ntawm kev xa ntawv, hu xov koj losis tim ntawv.

Nyog los kha paub meeg hny hny kwag ntawm koj daim ntawv thov dua tshiab, koj tau yem meeg hny nra hauv BenefitsCal kom pab ibhe muab thiaj tau txais koj cov thiaj neq.

Yog xaw paub ntawv, losis xaw tau kev pab thiaj kev daim ntawv thov Medi-Cal dua tshiab, los thiaj li QR code losis mus saib www.thealliance.health/taim/GetHelp.

TINNEEG MUAJ KEV NOJ QAB HAUS HUV. NEEG ZEJ ZOG MUAJ KEV NOJ QAB HAUS HUV.
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Nondiscrimination Notice



Discrimination is against the law. Central California Alliance for Health (the Alliance) follows State and Federal civil rights laws. The Alliance does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

The Alliance provides:

- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services in a timely manner to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact The Alliance between 8 AM – 5:30 PM, Monday through Friday, by calling **800-700-3874**. If you cannot hear or speak well, please call **800-735-2929** (TTY: Dial 711). Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Central California Alliance for Health
1600 Green Hills Rd, Suite 101
Scotts Valley, CA 95066
800-700-3874
800-735-2929 (TTY: Dial 711)

HOW TO FILE A GRIEVANCE

If you believe that the Alliance has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with the Alliance's Civil Rights Coordinator, also known as the Senior Grievance Specialist. You can file a grievance by phone, in writing, in person, or electronically:

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Nondiscrimination Notice



- By phone: Contact the Alliance's Senior Grievance Specialist between 8 AM and 5:30 PM, Monday through Friday, by calling **800-700-3874**. Or, if you cannot hear or speak well, please call **800-735-2929** (TTY: Dial 711).
 - In writing: Fill out a complaint form or write a letter and send it to:

Central California Alliance for Health
Attn: Senior Grievance Specialist
1600 Green Hills Rd, Suite 101
Scotts Valley, CA 95066
 - In person: Visit your doctor's office or the Alliance and say you want to file a grievance.
 - Electronically: Visit the Alliance's website at www.thealliance.health.
-

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.
-

Nondiscrimination Notice



OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Notice of Availability of Language Assistance and Auxiliary Aids and Services



English

ATTENTION: If you need help in your language call 1-800-700-3874 (TTY: 1-800-735-2929). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-700-3874 (TTY: 1-800-735-2929). These services are free of charge.

العربية (Arabic)

يرج الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-700-3874 (TTY: 1-800-735-2929). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكـبـر ي اتصل بـ 1-800-700-3874 (TTY: 1-800-735-2929). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-700-3874 (TTY: 1-800-735-2929): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-700-3874 (TTY: 1-800-735-2929): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមហៅទូរសព្ទទៅលេខ 1-800-700-3874 (TTY: 1-800-735-2929)។ សម្រាប់ជំនួយ និងសេវាកម្មផ្សេងៗ សម្រាប់ជនពិការ ដូចជាឯកសារអក្សរស្នាប និងអក្សរពុម្ពធំៗ ក៏មានដែរ។ សូមហៅទូរសព្ទទៅលេខ 1-800-700-3874 (TTY: 1-800-735-2929)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

繁體中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-700-3874 (TTY: 1-800-735-2929)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-700-3874 (TTY: 1-800-735-2929)。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-700-3874 (TTY: 1-800-735-2929) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-700-3874 (TTY: 1-800-735-2929) تماس بگیرید. این خدمات رایگان ارائه میشوند.

Notice of Availability of Language Assistance and Auxiliary Aids and Services



हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-700-3874 (TTY: 1-800-735-2929) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े फॉन्ट में भी दस्तावेज उपलब्ध हैं। 1-800-700-3874 (TTY: 1-800-735-2929) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Hmoob (Hmong)

CEEBOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-700-3874 (TTY: 1-800-735-2929). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-700-3874 (TTY: 1-800-735-2929). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は 1-800-700-3874 (TTY: 1-800-735-2929)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-700-3874 (TTY: 1-800-735-2929)へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-700-3874 (TTY: 1-800-735-2929) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-700-3874 (TTY: 1-800-735-2929) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໄດ້ທັນທີ 1-800-700-3874 (TTY: 1-800-735-2929). ຍັງມີຄວາມຊ່ວຍເຫຼືອ ອາດຈະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ບັນທຶກສອນນູນແລະມີໂຕຕິດຕໍ່ໃຫ້ໄດ້ທັນທີ 1-800-700-3874 (TTY: 1-800-735-2929). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-700-3874 (TTY: 1-800-735-2929). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-700-3874 (TTY: 1-800-735-2929). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

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ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-700-3874 (TTY: 1-800-735-2929). ਆਪਣੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਵੀ ਦਸਤਾਵੇਜ਼ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-700-3874 (TTY: 1-800-735-2929). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-700-3874 (линия TTY: 1-800-735-2929). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-700-3874 (линия TTY: 1-800-735-2929). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-700-3874 (TTY: 1-800-855-3000). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-700-3874 (TTY: 1-800-855-3000). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-700-3874 (TTY: 1-800-735-2929). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-700-3874 (TTY: 1-800-735-2929). Libre ang mga serbisyon ng ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-700-3874 (TTY: 1-800-735-2929) นอกจากนี้ ยังพร้อมให้ ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-700-3874 (TTY: 1-800-735-2929) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-700-3874 (TTY: 1-800-735-2929). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-700-3874 (TTY: 1-800-735-2929). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-700-3874 (TTY: 1-800-735-2929). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-700-3874 (TTY: 1-800-735-2929). Các dịch vụ này đều miễn phí.

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