

Entity Application Worksheet



Use this worksheet to gather the information needed to complete your online application

Complete Online

- Login to the Entity online application found at: <https://ipas.ccgrantsandassistors.org/>

Information needed to complete the online application

- General information about the entity, such as contact information, populations currently served or intended to reach, and counties served
- All sub-site locations and hours of operation
- Information on anticipated Counselors
- Federal Employment ID Number, State Tax ID Number

Required documentation to be submitted with the online application

- Entity Agreement
- Proof of Business Status Documentation
- Proof of Insurance: Liability Insurance & Worker's Compensation Insurance
- Proof of current or valid License and/or Certification
- Counselor Application/Agreement

Site Tips

Use the following browsers:

- Google Chrome
- Firefox
- Safari

Helpful Hints:

- Scan documents in black and white with a resolution of 200 dpi avoid going over the upload limit of 3.5 MB
- Internet Explorer "compatibility mode" must be turned off
- Notification emails may get sent to "SPAM" folders
- **Do not mail this worksheet-** enter the information gathered into the online application

All requested information is required for your online application to be processed. Omitting required information will delay the processing of your online application.

Need Help?

For more information, contact
Covered California Enrollment Assistance Support via email
at: enrollmentassistancesupport@covered.ca.org

Entity Additional Information



Things to Know

What is an Entity?

- Organizations eligible to be trained and registered to provide enrollment assistance to consumers and help them apply for Covered California Health Plans
- Entities that have access to Covered California's targeted populations

Who can become an Entity?

- Organizations that can demonstrate to Covered California that they have existing relationships or could easily establish relationships with consumers or self-employed individuals likely to be eligible for enrollment in a Covered California Health Plan
- Organizations that meet any licensing, certification or other standards prescribed by the State or Covered California
- Organizations that do not have a conflict of interest
- Organizations that comply with the privacy and security standards adopted by Covered California as required in accordance with 45 CFR §155.260 and any other applicable federal or state laws and regulations

What are the roles and responsibilities of an Entity?

- Distribute fair and impartial information concerning enrollment into Covered California Health Plans
- Facilitate enrollment into Covered California Health Plans
- Provide referrals to Consumer Assistance Programs
- Provide information that is culturally and linguistically appropriate
- Ensure that consumer assistance is accessible for people with disabilities
- Ensure that no consumer is discriminated against
- Ensure that voter registration assistance is available

What is a Counselor?

- An individual who is affiliated with an Entity that is registered in the Program, and who is trained, and certified by Covered California

How does an individual become a Counselor?

- Individual becomes affiliated with and submits the required information (Step 4 in this worksheet) to the Entity, along with signed Counselor Agreement
- Completes Criminal Disclosure form and fax it to Covered California
- Receives Live Scan Request Form and completes fingerprinting at an approved Covered California service location
- Individual completes the required Covered California training and passes the certification exam
- Individual does not have a conflict of interest
- Individual complies with the privacy and security standards adopted by Covered California as required in accordance with 45 CFR §155.260

Where can I get more information?

- Contact the Program Help Desk, see contact information at the bottom of the page

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Section 1: Entity Information

Entity Name

Business Legal Name

Primary Email Address

Primary Phone Number (include area code & ext.)

Secondary Phone Number (include area code & ext.)

Fax Number (include area code)

Website Address

Preferred Method of Communication (select only one)

Email Phone Fax Mail

Federal Employment Identification Number

State Tax ID

Category (supporting documentation required in Step 7)

Non-profit For-profit Governmental organization

The following organization types are eligible to apply to become an Entity. Please select an organization type that best describes your organization (supporting documentation required in Step 7)

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian Tribes or Tribal Organizations | <input type="checkbox"/> Licensed attorneys (e.g. family law attorneys who have clients that are experiencing life transitions) | <input type="checkbox"/> Licensed health care institutions |
| <input type="checkbox"/> Chambers of Commerce | <input type="checkbox"/> Licensed health care clinics (select a required subcategory below) | <input type="checkbox"/> Licensed health care provider |
| <input type="checkbox"/> City Government Agencies | <input type="checkbox"/> Federally Qualified Health Center (FQHC) | <input type="checkbox"/> Non-Profit Community Organizations |
| <input type="checkbox"/> Commercial fishing industry organizations | <input type="checkbox"/> FQHC Look-alike | <input type="checkbox"/> Ranching and farming organizations |
| <input type="checkbox"/> Community Colleges and Universities | <input type="checkbox"/> Indian Health Services Clinics: Direct Services Clinics | <input type="checkbox"/> Resource partners of the Small Business Administration |
| <input type="checkbox"/> County departments of public health, city health departments, or county departments that deliver health services | <input type="checkbox"/> Indian Health Services Clinics: 638 Contracting or Compacting Clinics | <input type="checkbox"/> School Districts |
| <input type="checkbox"/> Faith-Based Organizations | <input type="checkbox"/> Urban Indian Health Centers | <input type="checkbox"/> Tax preparers as defined in Section 22251(a)(1)(A) of the Business and Professions Code |
| <input type="checkbox"/> Indian Health Services Facilities | <input type="checkbox"/> Community Clinics | <input type="checkbox"/> Trade, industry and professional organizations |
| <input type="checkbox"/> Labor Unions | <input type="checkbox"/> Free Clinics | <input type="checkbox"/> Other public or private entities or individuals who meet the requirements (<i>please specify</i>): |
| | <input type="checkbox"/> Other Clinics | |

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Section 1: Entity Information (Continued)

Does the entity serve families of mixed immigration status? Yes No

Does the entity provide services to persons with disabilities? Yes No

Disability(ies) served: Hearing Impaired Visually Impaired

Wheelchair Accessible Other (specify): _____

Year the entity was established: _____

County(ies) served by your entity (check all that apply):

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Marin | <input type="checkbox"/> San Mateo |
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Mariposa | <input type="checkbox"/> Santa Barbara |
| <input type="checkbox"/> Amador | <input type="checkbox"/> Mendocino | <input type="checkbox"/> Santa Clara |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Merced | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Calaveras | <input type="checkbox"/> Modoc | <input type="checkbox"/> Shasta |
| <input type="checkbox"/> Colusa | <input type="checkbox"/> Mono | <input type="checkbox"/> Sierra |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> Monterey | <input type="checkbox"/> Siskiyou |
| <input type="checkbox"/> Del Norte | <input type="checkbox"/> Napa | <input type="checkbox"/> Solano |
| <input type="checkbox"/> El Dorado | <input type="checkbox"/> Nevada | <input type="checkbox"/> Sonoma |
| <input type="checkbox"/> Fresno | <input type="checkbox"/> Orange | <input type="checkbox"/> Stanislaus |
| <input type="checkbox"/> Glenn | <input type="checkbox"/> Placer | <input type="checkbox"/> Sutter |
| <input type="checkbox"/> Humboldt | <input type="checkbox"/> Plumas | <input type="checkbox"/> Tehama |
| <input type="checkbox"/> Imperial | <input type="checkbox"/> Riverside | <input type="checkbox"/> Trinity |
| <input type="checkbox"/> Inyo | <input type="checkbox"/> Sacramento | <input type="checkbox"/> Tulare |
| <input type="checkbox"/> Kern | <input type="checkbox"/> San Benito | <input type="checkbox"/> Tuolumne |
| <input type="checkbox"/> Kings | <input type="checkbox"/> San Bernardino | <input type="checkbox"/> Ventura |
| <input type="checkbox"/> Lake | <input type="checkbox"/> San Diego | <input type="checkbox"/> Yolo |
| <input type="checkbox"/> Lassen | <input type="checkbox"/> San Francisco | <input type="checkbox"/> Yuba |
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> San Joaquin | |
| <input type="checkbox"/> Madera | <input type="checkbox"/> San Luis Obispo | |

Projected number of counselors? _____

Do you want your organization listed as a resource for Counselors looking for affiliation? Yes No

Is the Entity a recipient of an Outreach and Education Grant from Covered California, Department of Health Care Services, Health Center Outreach and Enrollment Assistance or Connecting Kids to Coverage?

Yes No (If yes, please provide additional information): _____

Name of funding program and organization that granted the funding	Grant Award Amount
---	--------------------

Section 2:

Location and Hours (Primary Site Information)

Estimated number of individuals served annually at this site:

Site Name	Contact Name
Primary Email Address	
Primary Phone Number (include area code & ext.)	Secondary Phone Number (include area code & ext.)
County	Will your organization accept referrals for consumers requesting enrollment assistance at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No

Hours of Operation:

Indicate the hours of availability to provide enrollment assistance for each day of the week. Each day must be filled out.

	From	To
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Primary Mailing Address

Street Address		Suite
City	State	Zip Code

Check this box if the physical address is the same as the mailing address. *If it is not the same, please provide the physical address below:*

Primary Physical Address

Street Address		Suite
City	State	Zip Code

Indicate which language(s), both spoken and written, are represented by the Counselors at the primary site.

Spoken Language(s) (check all that apply):

- | | | | | |
|------------------------------------|----------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> English | <input type="checkbox"/> Khmer | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tagalog | _____ |

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Section 2: Location and Hours (Primary Site Information) (Continued)

Written Language(s) (check all that apply):

- | | | | | |
|-----------------------------------|--------------------------------|----------------------------------|---|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Russian | <input type="checkbox"/> Traditional Chinese Characters | |
| <input type="checkbox"/> English | <input type="checkbox"/> Khmer | <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese | |

Estimate the number of individuals served for each age group:

- | | | | |
|-----------------------|-------|--------------------------|-------|
| Under 18 years of age | _____ | 45 – 54 years of age | _____ |
| 18 – 24 years of age | _____ | 55 – 64 years of a | _____ |
| 25 – 34 years of age | _____ | 65 years of age or older | _____ |
| 35 – 44 years of age | _____ | | |

Estimate the percentage of individuals served for each ethnicity (must total 100%):

- | | | | | | |
|----------------------------------|---------|----------|---------|------------------|---------|
| African | _____ % | Chinese | _____ % | Latino | _____ % |
| African American | _____ % | Filipino | _____ % | Middle Eastern | _____ % |
| American Indian or Alaska Native | _____ % | Hmong | _____ % | Russian | _____ % |
| Armenian | _____ % | Japanese | _____ % | Ukrainian | _____ % |
| Cambodian | _____ % | Korean | _____ % | Vietnamese | _____ % |
| Caucasian | _____ % | Laotian | _____ % | Other (Specify): | _____ % |

Indicate the employment industry(ies) of the population served (check all that apply):

- | | | | |
|--|--------------------------|---|--------------------------|
| Animal production | <input type="checkbox"/> | Individual and family services | <input type="checkbox"/> |
| Automotive repair and maintenance | <input type="checkbox"/> | Investigation and security services | <input type="checkbox"/> |
| Barber shops | <input type="checkbox"/> | K-12 schools | <input type="checkbox"/> |
| Beauty salons | <input type="checkbox"/> | Landscaping services | <input type="checkbox"/> |
| Car washes | <input type="checkbox"/> | Amusement, gambling, and recreation industries | <input type="checkbox"/> |
| Child day care services | <input type="checkbox"/> | Personal household goods, repair, and maintenance | <input type="checkbox"/> |
| Clothing stores | <input type="checkbox"/> | Private households | <input type="checkbox"/> |
| Construction | <input type="checkbox"/> | Real estate | <input type="checkbox"/> |
| Crop production | <input type="checkbox"/> | Restaurants and other food services | <input type="checkbox"/> |
| Cut and sew apparel manufacturing | <input type="checkbox"/> | Services to buildings and dwellings, except construction cleaning | <input type="checkbox"/> |
| Department and discount stores | <input type="checkbox"/> | Support activities for agriculture and forestry | <input type="checkbox"/> |
| Drinking places, alcoholic beverages | <input type="checkbox"/> | Taxi and limousine service | <input type="checkbox"/> |
| Employment services | <input type="checkbox"/> | Textile and fabric finishing, and coating mills | <input type="checkbox"/> |
| Fabric mills, except knitting | <input type="checkbox"/> | Textile product mills, except carpet and rug | <input type="checkbox"/> |
| Gasoline stations | <input type="checkbox"/> | Traveler accommodation | <input type="checkbox"/> |
| Grocery stores | <input type="checkbox"/> | Truck transportation | <input type="checkbox"/> |
| Hospitals | <input type="checkbox"/> | Other (Specify): | <input type="checkbox"/> |
| Independent artists, performing arts, spectator sports, and related industries | <input type="checkbox"/> | _____ | |

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Section 2: Sub-Site Information, if applicable

Complete this step for EACH sub-site location. Make additional copies of pages 7 & 8 for each sub-site.

Estimated number of individuals served annually at the sub-site:

Site Name	Contact Name
Sub-Site Primary Email Address	
Sub-Site Primary Phone Number (include area code & ext.)	Secondary Phone Number (include area code & ext.)
County	Will you accept referrals for consumers requesting assistance at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No

Hours of Operation:

Indicate the hours of availability to provide enrollment assistance for each day of the week. Each day must be filled out.

	From	To
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Sub-site Site Mailing Address

Street Address		Suite
City	State	Zip Code

Check this box if the physical address is the same as the mailing address. *If it is not the same*, please provide the physical address below:

Sub-site Physical Address

Street Address		Suite
City	State	Zip Code

Indicate which language(s), both spoken and written, are represented by the Counselors at the sub-site.

Spoken Language(s) (check all that apply):

- | | | | | |
|------------------------------------|----------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> English | <input type="checkbox"/> Khmer | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tagalog | _____ |

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Section 2: Sub-Site Information (Continued)

Sub-site name: _____

Written Language(s) (check all that apply):

- Arabic Farsi Korean Tagalog Other specify): _____
 Armenian Hmong Russian Traditional Chinese Characters
 English Khmer Spanish Vietnamese

Estimate the number of individuals served for each age group:

Under 18 years of age	_____	45 – 54 years of age	_____
18 – 24 years of age	_____	55 – 64 years of a	_____
25 – 34 years of age	_____	65 years of age or older	_____
35 – 44 years of age	_____		

Estimate the percentage of individuals served for each ethnicity (must total 100%):

African	_____ %	Chinese	_____ %	Latino	_____ %
African American	_____ %	Filipino	_____ %	Middle Eastern	_____ %
American Indian or Alaska Native	_____ %	Hmong	_____ %	Russian	_____ %
Armenian	_____ %	Japanese	_____ %	Ukrainian	_____ %
Cambodian	_____ %	Korean	_____ %	Vietnamese	_____ %
Caucasian	_____ %	Laotian	_____ %	Other (Specify):	_____ %

Indicate the employment industry(ies) of the population served (check all that apply):

- | | | | |
|--|--------------------------|---|--------------------------|
| Animal production | <input type="checkbox"/> | Individual and family services | <input type="checkbox"/> |
| Automotive repair and maintenance | <input type="checkbox"/> | Investigation and security services | <input type="checkbox"/> |
| Barber shops | <input type="checkbox"/> | K-12 schools | <input type="checkbox"/> |
| Beauty salons | <input type="checkbox"/> | Landscaping services | <input type="checkbox"/> |
| Car washes | <input type="checkbox"/> | Amusement, gambling, and recreation industries | <input type="checkbox"/> |
| Child day care services | <input type="checkbox"/> | Personal household goods, repair, and maintenance | <input type="checkbox"/> |
| Clothing stores | <input type="checkbox"/> | Private households | <input type="checkbox"/> |
| Construction | <input type="checkbox"/> | Real estate | <input type="checkbox"/> |
| Crop production | <input type="checkbox"/> | Restaurants and other food services | <input type="checkbox"/> |
| Cut and sew apparel manufacturing | <input type="checkbox"/> | Services to buildings and dwellings, except construction cleaning | <input type="checkbox"/> |
| Department and discount stores | <input type="checkbox"/> | Support activities for agriculture and forestry | <input type="checkbox"/> |
| Drinking places, alcoholic beverages | <input type="checkbox"/> | Taxi and limousine service | <input type="checkbox"/> |
| Employment services | <input type="checkbox"/> | Textile and fabric finishing, and coating mills | <input type="checkbox"/> |
| Fabric mills, except knitting | <input type="checkbox"/> | Textile product mills, except carpet and rug | <input type="checkbox"/> |
| Gasoline stations | <input type="checkbox"/> | Traveler accommodation | <input type="checkbox"/> |
| Grocery stores | <input type="checkbox"/> | Truck transportation | <input type="checkbox"/> |
| Hospitals | <input type="checkbox"/> | Other (Specify): | <input type="checkbox"/> |
| Independent artists, performing arts, spectator sports, and related industries | <input type="checkbox"/> | _____ | _____ |

Section 3: Entity Contact Information

Authorized Contact

The authorized contact is the person authorized by the entity to enter into a contractual agreement with Covered California.

Name	Title
------	-------

Email Address

Primary Phone Number (include area code & ext.)	Secondary Phone Number (include area code & ext.)
---	---

Mailing Street	Mailing Apt/Suite
----------------	-------------------

Mailing City	Mailing State	Mailing Zip
--------------	---------------	-------------

Preferred Method of Communication (*select only one*):

Email
 Primary Phone
 Secondary Phone
 Mail

Primary Contact

The Primary Contact provides and handles the day-to-day transactions of the Entity and its Counselors, as well as transactions with Covered California.

Same as Authorized Contact

Name

Email Address

Primary Phone Number (include area code)	Secondary Phone Number (include area code)
--	--

Mailing Street	Mailing Apt/Suite
----------------	-------------------

Mailing City	Mailing State	Mailing Zip
--------------	---------------	-------------

Preferred Method of Communication (*select only one*):

Email
 Primary Phone
 Secondary Phone
 Mail

Date of Birth:

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at: enrollmentassistancesupport@covered.ca.org

Section 4: Counselor(s)/Enroller(s)

Complete this page for EACH Counselor, make additional copies of page 10 for each Counselor

Name (This name will appear on your badge, and on CoveredCa.com through the 'Find Help Near You' and verification portals)

Legal Name

California Driver's License Number or California ID number

Email Address

Primary Phone Number (include area code & ext.)

Secondary Phone Number (include area code & ext.)

Preferred Method of Communication (select only one):

Email Primary Phone Mail

Is this individual Covered California Certified?

Yes No

If Yes, Counselor Certification #:

Sites served by this individual (only list two sites per Counselor):

Personal Mailing Address of Individual

Street Address

Suite

City

State

Zip Code

Indicate which languages the individual can speak and/or write fluently.

Spoken Languages (select all that apply):

- Arabic English Khmer Russian Vietnamese
- Armenian Farsi Korean Spanish Other (specify): _____
- Cantonese Hmong Mandarin Tagalog

Written Languages (select all that apply):

- Arabic Farsi Korean Tagalog Other (specify): _____
- Armenian Hmong Russian Traditional Chinese Characters
- English Khmer Spanish Vietnamese

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Section 5: Required Documentation

Please prepare the following required documentation for upload into the completed online Application. The online Application is **NOT** complete without this documentation.

Check	REQUIRED DOCUMENTS
ENTITY	
<input type="checkbox"/>	<p>Exhibit F – Compliance with Conflict of Interest Standards</p> <p>Entities must complete Exhibit F of the Entity Agreement – Compliance with Conflict of Interest Standards, California Code of Regulations, Title 10 Investment, Section 6666, and submit it with this form.</p>
<input type="checkbox"/>	<p>Proof of Business Status Documentation</p> <p>Entities must provide proof of business status documentation that confirms the entity’s status as a non-profit, for-profit, or governmental organization.</p> <ul style="list-style-type: none"> • Non-profits must submit proof of 501(c) 3 or 501(d) determination from the IRS. • All entities must provide Federal Tax Identification Number and any corresponding status determination on official letterhead.
<input type="checkbox"/>	<p>Proof of Insurance: Liability Insurance & Workers’ Compensation Insurance</p> <p>All entities must submit a Certificate of Insurance that demonstrates that the Entity meets the following minimum insurance requirements:</p> <ul style="list-style-type: none"> • General liability insurance with coverage of not less than \$1,000,000 per occurrence with the Exchange named as an additional insured: <div style="text-align: center;"> <p>Covered California 1601 Exposition Blvd. Sacramento, CA 95815</p> </div> • Worker’s Compensation Insurance
<input type="checkbox"/>	<p>Proof of current or valid License and/or Certification</p> <p>Entities must provide documentation of the business license and other relevant certification of the Entity, including any federal or state designations.</p>
COUNSELOR/ENROLLER	
<input type="checkbox"/>	<p>Counselor Agreement</p> <p>Certified Application Counselors must sign the Counselor Application/Agreement, including the Conflict of Interest Disclosure.</p> <p>Navigator Counselors (CECs) must sign the Certified Enrollment Counselor Agreement, including the Conflict of Interest Disclosure.</p> <p>Entity uploads agreements to IPAS on behalf of the counselor.</p>
Fax	<p>Criminal Disclosure</p> <p>Every individual applying to become a Counselor must fill out a Criminal Disclosure form. This form is to be completed by the individual applying to become a Counselor and faxed to: 916-779-1442.</p> <p>Mailing address if fax not available: <div style="text-align: center;"> <p>Covered California - CONFIDENTIAL ATTN: Enrollment Assistance Program Unit 1601 Exposition Blvd. Sacramento, CA 95815</p> </div> </p> <p>Entity personnel other than the individual applying to become Counselor may not view or collect completed forms.</p>