

DOH 342-054 July 2020 Somali

BCCHP ENROLLMENT FORM (FOOMKA ISKA DIIWAANGELINTA BCCHP)

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Fadlan soo daabac | Maku cusub tahay BCCHP? <input type="checkbox"/> Haa <input type="checkbox"/> Maya | | | Oggolaanshaha # |
| Magaca danbe | Magaca Koowaad | MI | Oggolaanshaha: <input type="checkbox"/> CBE <input type="checkbox"/> Makaanka <input type="checkbox"/> Pap <input type="checkbox"/> Mammogram | |
| Jinsiga: <input type="checkbox"/> Dhedig <input type="checkbox"/> Lab <input type="checkbox"/> Naag isku badeshay nin <input type="checkbox"/> Nin isku badelay naag <input type="checkbox"/> Jinsi aan nin ahayn naagna ahayn <input type="checkbox"/> Jinsi aan loo aqoon sanayn lab ama dhedig <input type="checkbox"/> Jinsi aan ahayn lab ama dhedig midna <input type="checkbox"/> _____ | | | Qandaraaslaho Koowaad | Taariikhda |
| Adeegyada Faa'iidata leh: <input type="checkbox"/> Naasaha <input type="checkbox"/> Ilmo galeenka | | | | |
| Taariikhda dhalashada | 4 Ta xaraf ee ugu danbeeya SSN (Waad iska dhaafi kartaa) | | | Goobta Baaritaanka / Caafimaadka |
| Ciwaanka | | | | Balanta Taariikhda: _____ Waqtiga: _____ |
| Magaalada | Gobalka | Koodhka Boostada | Dalka | Jadwalka Rugta caafimaadka # _____ |
| Lambarada Taleefoonada: Ma caadibaa inaan fariin ku dhaafo? <input type="checkbox"/> Haa <input type="checkbox"/> Maya Waqtiga ugu fiican wicitaanka: <input type="checkbox"/> subaxnimo <input type="checkbox"/> galabnimo. | | | | |
| Guriga: | | Goobta: | Shaqada: | Mid kale: |
| U qalmida Barnaamijka: waa in la buuxiyo sanad kasta | | | | |
| Dakhliga qoyska kahor canshuurta? \$ _____ Bishii <input type="checkbox"/> <input type="checkbox"/> Sanadkii lmisa ayaa ku nool dakhligaan? _____ | | | | |
| Ma fiirisay inaad u qalantid Apple Health <input type="checkbox"/> Haa <input type="checkbox"/> Maya (sababta _____) Taariikhda: U qalmitaanka Apple Health <input type="checkbox"/> Haa <input type="checkbox"/> Maya Maka diiwaangashan tahay Apple Health <input type="checkbox"/> Haa <input type="checkbox"/> Maya Taariikhda: | | | | |
| Ma leedahay? (dooro dhammaan meelaha ku quseeya) <input type="checkbox"/> Maya Uma aad qalantid miyaa Caymiska Caafimaadka iyo Apple Health (kusoo lifaaq diidmada haddii aad hayso) <input type="checkbox"/> <input type="checkbox"/> Medicare Qaypta B <input type="checkbox"/> Apple Health, Medicaid, Daryeel Bixiyaha Koowaad # _____ <input type="checkbox"/> Caymiska Magaca Shirkada: _____ Qiimo dhimista: \$ _____ Aqoonsiga Booliska #: _____ | | | | |
| Ma leedahay ama maka qabtaa wax dhibaati ah naasaha? <input type="checkbox"/> Haa <input type="checkbox"/> Maya Haddii ay jawaabtaadu tahay haa, maxaa kaa haya? | | | | |
| Luuqada Koowaad? (dooro dhammaan meelaha ku quseeya, goobaabin geli hadii aad sidaas rabto) <input type="checkbox"/> Ingilish <input type="checkbox"/> Isbaanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Shiinees <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Russian <input type="checkbox"/> Mid kale (sheeg: _____) Ma u baahan tahay turjumaan? <input type="checkbox"/> Haa <input type="checkbox"/> Maya | | | | |
| Qoomiyadee ayaad u maleenaysaa inaad tahay? (Calaamadee mid ama wax ka badan) <input type="checkbox"/> Asiyaan <input type="checkbox"/> Madow ama Afrikaanta Maraykanka <input type="checkbox"/> Hindida Maraykanka ama Alaska Dhalad ah (sheeg qabiilka: _____) <input type="checkbox"/> Caddaan ama Caucasian <input type="checkbox"/> Native Hawaiian ama Dadka kale ee kasoo jeeda Jaziirada Pacificga (sheeg: _____) <input type="checkbox"/> Ma aqaani | | | | |

(Ku dar laynka)

Ma isku aragtaa inaad tahay Latina/Latino ama Hispanic? Haa Maya

Waa maxay heerka ugu sareeya ee aad ka gaartay waxbarashada? (tirada sanadaha aad dugsiga dhiganaysay) _____

Haddii aad ku CUSUB tahay BCCHP, Sidee ku oggaatay barnaamijkaan? (dooro hal mid kaliya)

Rugta caafimaadka:
 Urarka Bulshada
 Shirkada
 Shaqaalaha Bixiyaha
 adeegyada

Saaxiib ama qaraabo
 Baaritaanka Interneetka – webseetka BCCHP
 Boostada
 Boostada, Warqada ama Buug yaraha

Raadiyaha
 Waaxda Raajitada.
 Talefeshinka
 Mid kale (sheeg): _____

Fadlan foomka oo FAKIS AH udir Qandaraaslaho Koowaad ee BCCHP: