

# Certified Enrollment Entity Application Worksheet



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

**Complete Online** • Login to the CEE online application found at: <https://ipas.ccgrantsandassistors.org/>

**Information needed to complete this 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 Certified Enrollment Counselors
- Federal Employment ID Number, State Tax ID Number, Bank Information

**Required documentation to be submitted with this application**

- Certified Enrollment Entity Agreement
- Proof of Business Status Documentation
- Proof of Insurance: Liability Insurance & Worker's Compensation Insurance
- State of California-Department of Finance Payee Data Record (STD-204)
- Proof of current or valid License and/or Certification
- Certified Enrollment Counselor Agreement

**Site Tips**

**Use the following browsers**

- Google Chrome
- Firefox
- Safari
- Internet Explorer 9 or 10

**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 in the online application

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

**Need Help?**

Call Covered California, Enrollment Assistance Program Help Desk at  
**(888) 402-0737** Monday through Friday, 8 am to 5 pm  
or email [assisterinfo@ccgrantsandassistors.org](mailto:assisterinfo@ccgrantsandassistors.org)

# Certified Enrollment Entity Additional Information



## Things to Know

### What is a Certified Enrollment Entity?

- Organizations eligible to be trained and registered to provide in-person 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 a Certified Enrollment 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 a Certified Enrollment 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 (**governmental entities only**)

### What is a Certified Enrollment Counselor?

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

### How does an individual become a Certified Enrollment Counselor?

- Individual becomes affiliated with and submits an Application to a Certified Enrollment Entity
- Individual receives LiveScan form and completes the Fingerprinting and Criminal Record Check process
- 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 Enrollment Assistance Program Help Desk, see contact information at the bottom of the page
- For detailed information, review the Assisters 101 presentation at <http://www.healthexchange.ca.gov/Pages/EnrollmentAssistanceProgram.aspx>

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**Step 1: Entity Information**

Entity Name	
Business Legal Name	
Primary Email Address	
Primary Phone Number (       )	Secondary Phone Number (       )
Fax Number (       )	Website Address
Preferred Method of Communication (select only one) <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail	
Federal Employment Identification Number	State Tax ID
Category (supporting documentation required in Step 7) <input type="checkbox"/> Non-profit <input type="checkbox"/> For-profit <input type="checkbox"/> Governmental organization	

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

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**Step 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 Certified Enrollment Counselors?**

Do you want your organization listed as a resource for Certified Enrollment 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

# Step 2:

## Populations Served

**Complete this page for EACH county your entity serves. Make additional copies of page 3 for each county.**

County name: \_\_\_\_\_

Number of individuals served annually in this county: \_\_\_\_\_

**Estimate the percentage of individuals in your target market that are monolingual in the languages listed below (must total 100%):**

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

**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):	_____ %

**Estimate the percentage of individuals served for each age group (must total 100%):**

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

**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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**Step 3:**

**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 ( )	Secondary Phone Number ( )
County	Will your organization accept referrals for consumers requesting enrollment assistance at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Hours of Operations**

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 Certified Enrollment 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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**Step 3:**

**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"/> | _____ <input type="checkbox"/>   |

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**Step 3: Sub-Site Information, if applicable**

Complete this step for EACH sub-site location. Make additional copies of pages 6 & 7 for each sub-site.

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

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

**Hours of Operations:**

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 Certified Enrollment Counselors at the sub-site.

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

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

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**Step 3:**

**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 percentage of individuals served for each ethnicity:**

Under 18 years of age	_____	45 – 54 years of age	_____
18 – 24 years of age	_____	55 – 64 years of age	_____
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"/> | _____   |                          |

<b>Step 4:</b>	<b>Entity Contact Information</b>
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**Authorized Contact**

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

Name			
Email Address			
Primary Phone Number (       )		Secondary Phone Number (       )	
Mailing Street			Mailing Apt/Suite
Mailing City		Mailing State	Mailing Zip
Preferred Method of Communication ( <i>select only one</i> ):			
<input type="checkbox"/> Email	<input type="checkbox"/> Primary Phone	<input type="checkbox"/> Secondary Phone	<input type="checkbox"/> Mail

**Financial Contact**

The financial contact is the person authorized by the applying entity to provide and handle the financial transactions between the Entity and Covered California.

<input type="checkbox"/> Same as Authorized Contact			
Name			
Email Address			
Primary Phone Number (       )		Secondary Phone Number (       )	
Mailing Street			Mailing Apt/Suite
Mailing City		Mailing State	Mailing Zip
Preferred Method of Communication ( <i>select only one</i> ):			
<input type="checkbox"/> Email	<input type="checkbox"/> Primary Phone	<input type="checkbox"/> Secondary Phone	<input type="checkbox"/> Mail

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**Step 4:**

**Entity Contact Information (Continued)**

**Primary Contact**

The Primary Contact provides and handles the day-to-day transactions of the Entity and transactions with Covered California.

Same as Authorized Contact

Name

Email Address

Primary Phone Number (       )	Secondary Phone Number (       )
-----------------------------------	-------------------------------------

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:

**Step 5:**

**Certified Enrollment Counselor(s)**

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

Name

Email Address

Primary Phone Number  
( )

Secondary Phone Number  
( )

Preferred Method of Communication (select only one):

Email  Primary Phone  Mail

Is this individual Covered California Certified?  Yes  No

If Yes, CEC Certification #:

Sites served by this individual (list all that apply):

**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

**Educational Level (select one):**

Up to 8<sup>th</sup> Grade  College Graduate  
 Some High School  Inapplicable/Not Ascertained  
 High School Graduate  Unknown  
 Some College

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**Step 6: Financial Information**

Do you wish for your organization to receive payment for successful enrollments (if deemed eligible)?

Yes     No

**If yes, complete the payment information below.**

**Details**

Bank Name	Account Owner
Bank Routing Number	Bank Account Number
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Payment Method <input type="checkbox"/> Check <input type="checkbox"/> Electronic Funds Transfer (EFT)	

**Bank Address**

Street Address		Suite
City	State	Zip Code

**Payment Address**

This is the address for the Entity to receive a check from Covered California, if that option was chosen.

Street Address		Suite
City	State	Zip Code

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Call Covered California, Enrollment Assistance Program Help Desk at  
**(888) 402-0737** Monday through Friday, 8 am to 5 pm  
 or email [assisterinfo@ccgrantsandassisters.org](mailto:assisterinfo@ccgrantsandassisters.org)

**Step 7: Required Documentation**

Please provide the following required documentation with this completed form. The Application is **NOT** complete without this documentation.

Check Attached	REQUIRED DOCUMENTS
<b>CERTIFIED ENROLLMENT ENTITY</b>	
<input type="checkbox"/>	<p><b>Certified Enrollment Entity Agreement</b></p> <p>Entities must sign and acknowledge receipt of the Certified Enrollment Entity Agreement and submit it with this form.</p>
<input type="checkbox"/>	<p><b>Proof of Business Status Documentation</b></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"> <li>• Non-profits must submit proof of 501(c)3 or 501(d) determination from the IRS.</li> <li>• All entities must provide Federal Tax Identification Number and any corresponding status determination on official letterhead.</li> </ul>
<input type="checkbox"/>	<p><b>Proof of Insurance: Liability Insurance &amp; Worker’s Compensation Insurance</b></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"> <li>• General liability insurance with coverage of not less than \$1,000,000 per occurrence with the Exchange named as an additional insured:  <div style="margin-left: 40px;">Covered California 560 J Street, Suite 290 Sacramento, CA 95814</div> </li> <li>• Worker’s Compensation Insurance</li> </ul>
<input type="checkbox"/>	<p><b>State of California-Department of Finance Payee Data Record (STD-204)</b></p> <p>All entities must submit a completed STD 204, Payee Data Record form.</p>
<input type="checkbox"/>	<p><b>Proof of current or valid License and/or Certification</b></p> <p>Entities must provide documentation of the business license and other relevant certification of the Entity, including any federal or state designations.</p>
<b>CERTIFIED ENROLLMENT COUNSELOR</b>	
<input type="checkbox"/>	<p><b>Certified Enrollment Counselor Agreement</b></p> <p>Each individual affiliated with a Certified Enrollment Entity as a Certified Enrollment Counselor in this form must sign the Certified Enrollment Counselor Agreement, including the Conflict of Interest Disclosure, and submit it with this form.</p>
<b>Mail</b>	<p><b>Criminal Disclosure</b></p> <p>Every individual applying to become a Certified Enrollment Counselor must fill out a Criminal Disclosure form. This form is to be completed by the individual applying to become a Certified Enrollment Counselor and mailed to:</p> <div style="margin-left: 40px;">Covered California P.O. Box 1199 Sacramento, CA 95814</div> <p>Certified Enrollment Entity personnel other than the individual applying to become Certified Enrollment Counselor may not view or collect completed forms.</p>

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