

# Mission GED and Reading Assistance Services

## Two programs to support your educational goals

Check the program to which you are applying:

**Mission GED** — First Choice by Select Health covers the cost of the GED test for eligible First Choice plan members. First Choice will cover one retake, if needed.

**Reading Assistance Services** — First Choice by Select Health will connect eligible First Choice plan members with community-based adult literacy/limited English proficiency (LEP) programs to improve their reading and writing skills. First Choice covers the program cost, at no charge to the member.

Complete this form to take the first steps toward your future. You can fill out this form on our website at [www.selecthealthofsc.com](http://www.selecthealthofsc.com), and return it online. You can also print it from our website, fill it in by hand, and mail it to us. Call Member Services at **1-888-276-2020** (TTY **1-888-765-9586**) to request a form by mail.

**To participate in either program you must:**

- Be an eligible First Choice member at the time of enrollment into the program.
- Be at least 19 years or older.
- Not currently have a high school diploma or GED.

**Mail completed forms to:**

Select Health of South Carolina  
Attention: GED Program/Reading Assistance Services  
P.O. Box 40849  
Charleston, SC 29423

**Email:**

[ged@selecthealthofsc.com](mailto:ged@selecthealthofsc.com) or [read@selecthealthofsc.com](mailto:read@selecthealthofsc.com)

Are you a current member of First Choice by Select Health? <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicaid ID:	
Name:		Male: <input type="checkbox"/>	Age: _____
		Female: <input type="checkbox"/>	Date of birth: _____
Street address:		Apartment number: _____	
City:		State: _____	ZIP code: _____
Email address: _____	Phone number: _____	Best time to contact you: _____	
Race (optional): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White	Ethnicity (optional): <input type="checkbox"/> Hispanic origin <input type="checkbox"/> Not of Hispanic origin	Primary language spoken: _____	
What is the last grade of school you completed?	Are you in school now?		
Have you completed or are you currently attending a GED program? If so, where?			

Please check all that apply:

- A GED or the ability to better read and write is important for my future.
- A GED or the ability to better read and write is important for my health and the health of my family.
- A GED or the ability to better read and write can help me get a better job.
- A GED or the ability to better read and write can help to increase my income.
- A GED or the ability to better read and write can help me become a better parent and provide a better life for my family.

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

**For GED Program or Reading Assistance Services information, call Member Services: 1-888-276-2020 (TTY 1-888-765-9586)**

## Notice of Non-Discrimination

First Choice by Select Health of South Carolina complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. First Choice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

First Choice provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, Braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact First Choice at **1-888-276-2020** (TTY **1-888-765-9586**). We are available Monday – Friday (8 a.m. – 9 p.m.) and Saturday – Sunday (8 a.m. – 6 p.m.).

If you believe that First Choice has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Grievance Supervisor First Choice Member Services  
P.O. Box 40849, Charleston, SC 29423-0849  
**1-888-276-2020** (TDD/TTY **1-888-765-9586**)  
Fax: **1-800-575-0419**
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, First Choice Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368- 1019** (TDD **1-800-537-7697**)

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

**FirstChoice**  
by Select Health of South Carolina  
**Your Hometown Health Plan**

[www.selecthealthofsc.com](http://www.selecthealthofsc.com)

SH-17225

Healthy Connections 

## Language services

**English:** If your primary language is not English, language assistance services are available to you, free of charge.  
Call: **1-888-276-2020** (TTY: **1-888-765-9586**).

**Spanish:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-276-2020** (TTY: **1-888-765-9586**).

### Arabic:

إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-276-2020** (رقم هاتف الصم والبكم: **1-888-765-9586**) (TTY: **1-888-765-9586**).

**Portuguese:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-276-2020** (TTY: **1-888-765-9586**).

**Russian:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-276-2020** (TTY: **1-888-765-9586**).

**Vietnamese:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-276-2020** (TTY: **1-888-765-9586**).

**Brazilian Portuguese:** Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame **1-888-276-2020** (TTY : **1-888-765-9586**).

**Chinese:** 如果您說中文，您可以免費獲得語言援助服務。請致電 **1-888-276-2020** (TTY: **1-888-765-9586**)。

**Falam:** Falam tawng thiam tu na si le tawng let nak asi mi **1-888-276-2020** (TTY: **1-888-765-9586**) ah tang ka pek tul lo in na ko thei.

**Hindi:** यदि आप हिंदी बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ उपलब्ध हैं। काल करें: **1-888-276-2020** (TTY: **1-888-765-9586**)।

**Korean:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-276-2020** (TTY: **1-888-765-9586**)번으로 전화해 주십시오.

**Chin:** Hakha holh a hmanhmi na si ahcun man lo in holh leh piaknak lei bawmchanh khawh na si. Auh khawhnak: **1-888-276-2020** (TTY: **1-888-765-9586**).

**French:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-276-2020** (ATS : **1-888-765-9586**).

### Karen:

နမ့်ကတိ ကညိ ကျိအယိ, နမန့် ကျိအတိမတါလါ တလါဘျိလါစွာ နိတမံ ဘျိသ့န့ဉ်လိ။ ကိ: **1-888-276-2020** (TTY: **1-888-765-9586**)။

**Amharic:** ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚኒተለው ቁጥር ይደውሉ **1-888-276-2020** (መስማት ለተሳናቸው: **1-888-765-9586**)።

**Burmese:** အကယ်၍ သင်သည်မြန်မာစကား ကို ပြောပါက ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် **1-888-276-2020** (TTY: **1-888-765-9586**) သို့ ခေါ်ဆိုပါ။

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