Northcoast Children's Services Job Openings

Lead TEACHER, NCSITC, Crescent City

The Lead Teacher is responsible for the development and implementation of all classrooms activities. The Team Teacher will work closely with the Center Director/Teacher to coordinate services for children, families, and the program. They must maintain the program consistency regarding rules, individualization for the children, and program expectations. Must have 12 core in ECE/CD (with 3 units in Infant/Toddler Development or Curriculum), and meet Associate Teacher Level on the Child Development Permit Matrix.
F/T hrs./wk. $23.62-$26.04/hr. Open Until Filled.

TEACHER, NCSITC, Crescent City (EHS)

The Teacher is responsible for the development and implementation of classroom activities. The Teacher must be enthusiastic and energetic about working with young children, parents and other staff members. Must have 12 core units in ECE/CD (with 3 units in Infant/Toddler Development or Curriculum), meet Associate Teacher level on Child Development Permit Matrix or higher.
F/T 40hrs. $22.48-24.78/hr. Open Until Filled

Family Worker, Crescent city

Works in collaboration with teachers, will provide services to families in the Head Start Center Based program. In partnership with parents, the Family Worker develops mutually trusting relationships, acts as an advocate for families, and provides support services as needed. The Family Worker will assist families in determining their needs and in identifying and developing goals to meet those needs. B.A. Degree from a four-year college or university in social work, psychology, child development or a related field desired. One year case management or home visiting experience or working with at-risk families.
P/T hrs./ Mon-Fri/ $21.93-$24.18 Open until filled

COOK, Blue Lake Temporary

The Cook implements the cycle menu in accordance with NCS policies, procedures and established practices. Purchases and prepares food, completes Child Care Food Program paperwork. Paperwork includes menu production records, monthly adjustment sheets, food transport records, inventories, cycle menus, attendance sheets and food purchase receipts, and supports center staff with nutrition activities in the classroom. This is a non-exempt position.
F/T – 32 hrs./week $19.87

TEACHER, CRITC Temporary

The Teacher is responsible for the development and implementation of classroom activities. The Teacher must be enthusiastic and energetic about working with young children, parents and other staff members. Must have 12 core units in ECE/CD (with 3 units in Infant/Toddler Development or Curriculum), meet Associate Teacher level on Child Development Permit Matrix or higher.

F/T 40hrs. $22.48-24.78/hr. Open Until Filled

Lead Teacher, Fortuna Toddy Thomas, Temporary

The Lead Teacher is responsible for the development and implementation of all classrooms activities. The Team Teacher will work closely with the Center Director/Teacher to coordinate services for children, families, and the program. They must maintain the program consistency regarding rules, individualization for the children, and program expectations. Must have 12 core in ECE/CD (with 3 units in Infant/Toddler Development or Curriculum) and meet Associate Teacher Level on the Child Development Permit Matrix.

F/T hrs./wk. $23.62-$26.04/hr. Open Until Filled.

NCS

ACTIVE PARENTING: THE FIRST FIVE YEARS

PARENTING WORKSHOPS

In-Person (1000 B St, Eka) or on Zoom

English Meeting id: 879 9111 6452
Passcode 1266

- Dinner and childcare are provided for those who register
- Childcare is limited to 24 children (8 infant/toddlers & 16 pre-K 4-10yrs)
- Dinner is at 5pm, workshop is 5:30-7:30pm

THURSDAYS, MARCH 13TH, 20TH & 27TH

5PM-7:30PM

JEFFERSON HEAD START, 1000 B ST EKA OR ON ZOOM

CONTACT BRENDA TO REGISTER: LEAVE A MESSAGE FOR: *HOW MANY ADULTS, NAMES/ AGES OF CHILDREN FOR CHILDCARE, A CONTACT NUMBER*

1-707-825-1310

bbluntzer@ncsheadstart.org

NCS

ACTIVE PARENTING: THE FIRST FIVE YEARS

Crianza de los hijos talleres de trabajo

En persona (1000 B St, Eka) o por Zoom

Reunión en español zoom id: 836 4861 1954

Código de acceso: 850880

- Se proporciona cena y cuidado de niños para quienes se registren
- El cuidado infantil esta limitado a 24 niños (8 bebes 0-3 años y 16 pre-k de 4 a 10 años)
- La cena es de 5pm, el tallers es de 5:30-7:30pm

JUEVES, MARZO 13TH, 20TH & 27TH

5PM-7:30PM

JEFFERSON HEAD START, 1000 B ST EKA OR ON ZOOM

Para registrarse envie un correo electrónico o llame deje un mensaje para Brenda
Cuantos adultos
nombres y edades de los niños para edl cuidado infantil
numero de ontacto

1-707-825-1310

bbluntzer@ncsheadstart.org

Bilingual
Cuentos Bilingües
Storytime

Únase a nostros en la biblioteca principal
de Eureka para la hora de cuentos bilingües,
donde Cantamos, Bailamos y Leemos
cuentos en Español e Inglés.

Todos los Viernes a las 11:30 a.m.

Join us at the Eureka Main Library for
Bilingual Storytime where we Sing, Dance,
& Read stories in Spanish and English.

Every Friday at 11:30 a.m.

1313 Third St., Eureka
www.humlib.org
707-269-1910

HUMBOLDT COUNTY
Library

All are welcome, best designed
for ages 2-6 years old.
The event is for 30 minutes.

Todos son bienvenidos,
mejor diseñado para edades 2-6 años.
El evento dura 30 minutos.

SMILE HUMBOLDT Y LA BIBLIOTECA DEL CONDADO DE HUMBOLDT SE LANZAN A LO GRANDE EN FEBRERO:

LOVE YOUR TEETH

PARA EL MES DE LA SALUD DENTAL INFANTIL

ACOMPÁÑENOS PARA DIVERTIRSE CON LA SALUD BUCAL EN LOS SIGUIENTES HORARIOS Y LUGARES

¡SMILE HUMBOLDT LLEGA A UNA BIBLIOTECA CERCA DE USTED PARA CELEBRAR EL MES DE LA SALUD DENTAL INFANTIL!

SABADO, FEB. 15- BIBLOTECA DE FORTUNA- 10:30-11:30 A.M.
MIERCOLES, FEB. 19- BIBLOTECA DE ARCATA- 11 A.M.-MEDIODIA
JUEVES, FEB. 20- DISCOVERY MUSEUM - 3-5 P.M.
VIERNES, FEB. 21- BIBLOTECA DE EUREKA - 10-11 A.M.
SABADO, FEB. 22- BIBLOTECA DE RIO DELL - 10:30-11:30 A.M.
Y FERNDALE - 1-2 P.M.
JUEVES, FEB. 27- BIBLOTECA DE WILLOW CREEK - 10:30-11:30 A.M.
Y BIBLIOTECA CONMEMORATIVA KIM YERTON HOOPA - 2-3 P.M.

County of Humboldt, The Home of the Redwoods
Humboldt County Library
SMILE Humboldt
County of Humboldt, The Home of the Redwoods
Humboldt County Department of Health & Human Services

SMILE HUMBOLDT AND THE HUMBOLDT COUNTY LIBRARY ARE GOING BIG IN FEBRUARY:

LOVE YOUR TEETH

FOR CHILDREN'S DENTAL HEALTH MONTH

JOIN US FOR ORAL HEALTH-RELATED FUN AT THE FOLLOWING TIMES AND LOCATIONS

SMILE HUMBOLDT IS COMING TO A LIBRARY NEAR YOU TO CELEBRATE CHILDREN'S DENTAL HEALTH MONTH!

SATURDAY, FEB. 15- FORTUNA LIBRARY- 10:30-11:30 A.M.

WEDNESDAY, FEB. 19- ARCATA LIBRARY- 11 A.M.-NOON

THURSDAY, FEB. 20- REDWOOD DISCOVERY MUSEUM - 3-5 P.M.

FRIDAY, FEB. 21- EUREKA LIBRARY - 10-11 A.M.

SATURDAY, FEB. 22- RIO DELL LIBRARY - 10:30-11:30 A.M.

AND FERNDALE LIBRARY - 1-2 P.M.

THURSDAY, FEB. 27- WILLOW CREEK LIBRARY - 10:30-11:30 A.M.

AND THE KIM YERTON MEMORIAL LIBRARY, HOOPA - 2-3 P.M.

County of Humboldt, The Home of the Redwoods

Humboldt County Library

SMILE Humboldt

County of Humboldt, The Home of the Redwoods

Humboldt County Department of Health & Human Services

Eureka Main Library
February 2025 Children's Events

Weekly Story Times

Fridays @ the Story Room
Feb. 7, 14, 21, 28
**special story time Feb. 21!*

Baby Read and Grow
For Babies 0-18 months
10 - 10:30 a.m.

Preschool Storytime
10:45 - 11:15 a.m.

Cuentos Bilingües
Spanish Bilingual Story Time
11:30 a.m. - noon

Starfish Radio Hour
Weekly Saturdays
Feb. 1, 8, 15, 22
8:30 - 9:30 a.m.
Streaming Online at
humboldthotair.org

Take your child to the library day!

Saturday, Feb. 1
All Day

Cal Poly Humboldt presents 2024-2025

1, 2, 3 Andrés

Music for Little Language Learners
Wednesday, Feb. 5
4 - 5 p.m.
@ the Main Windows

LEGO CLUB

Saturday, Feb. 8
2 - 3:30 p.m.

Wednesday, Feb. 19
5 - 7 p.m.

SMILE Humboldt

Love Your Teeth
Party and Storytime Events
Feb. 21, 10 a.m. - noon
@ the Children's Room

Drop-in Valentine's Day Crafts

Friday, Feb. 14
All day!
@ the Children's Room

HUMBOLDT COUNTY Library

707-269-1905
1313 Third St., Eureka, CA
humlib.org

Open Hours
Tuesday Noon to 5 p.m.
Wednesday Noon to 8 p.m.
Thursday Noon to 5 p.m.
Friday 10 a.m. to 5 p.m.
Saturday 11 a.m. to 4 p.m

Eureka Main Library
February 2025 Events

All events are free!
Learn more and sign up for virtual events at humlib.org

Adult and Teen Events

Wed 05
Book Club: On the Same Page
"Funny Story" by Emily Henry
Wednesday 6:30 - 7:30 p.m.
On Zoom

Sat 01, 15, 22
Reading in Place
Short Story Reading Group
"The Rebellion" by Suhit Bombaywala
"Good Night, Sleep Tight" by Brian Evenson
"Organic Matter" by Lee Conell
Saturdays 11 a.m. - noon
On Zoom
Cancelled Feb. 8

Fri 14
Friday Afternoon Book Club
"The Island of Missing Trees" by Elif Shafak
Friday 2:30 - 3:30 p.m.

Sat 15
Book Club: Out of this World
Monthly Science Fiction/Fantasy
"River of Teeth" by Sarah Galley
Saturday 2 - 3 p.m.

Love at First Page
Check out and have a rendezvous with a surprise book.... all month long!

The library will be closed
Wednesday, Feb. 12

Thurs 06, 13, 20, 27
Weekly Drop-in Crafting Circle
Thursdays 12:30 - 2 p.m.
All skill levels welcome!

Sat 01
Humboldt County Historical Society and the Clarke Historical Museum Saturday Speaker Series present
Patrick O'Rourke
2:30 - 3:30 p.m.
@ Large Meeting Room

Sat 08
Learn the Art of Book Folding
Give old books new life!
1 - 3 p.m.

Wed 05
Teen Art and Writing Club
Make things and hang out!
Wednesday 5 - 6 p.m.

Wed 26
TEEN MOVIE BFF NIGHT
Sponsored by Evolve Youth Services
(See website for details)
5:30 - 7:30 p.m.
@ Upstairs Classroom

HAND IN HAND PARENTING

FREE CLASS SERIES

A SUPPORTIVE GROUP TO
LEARN MORE ABOUT
HAND IN HAND'S
5 SIMPLE TOOLS TO
SUPPORT BIG EMOTIONS
AND BRING MORE JOY
TO YOUR FAMILY

TUESDAY MORNINGS

MARCH 4-APRIL 8

BLUE LAKE
COMMUNITY RESOURCE CENTER

FOR MORE INFORMATION
AND TO RESERVE YOUR SPOT

EMAIL:
ELENAMACKCONSULTING@GMAIL.COM

HUMBOLDT WORKFORCE COALITION

IS IN FORTUNA!!!

The Humboldt Workforce Coalition is excited to announce that we will have a team member in Fortuna the 1st and 3rd Monday of each month.
Stop by the Gene Lucas Community Center between 10am and 4:30p for information about services.
We will be there March 4 and March 18

Contact Leann.Greene@humboldt.edu to make an appointment

Working together to put local people in local, skilled, living wage jobs

HUMBOLDT WORKFORCE COALITION

Client Services

How can we help you?

TIER ONE
All Job Seekers

- Computers available for job search activities
- All local area job listings available
- Create resumes, cover letters, and reference sheets using specialized software
- Fax, scan, or email potential employers
- Attend free skill trainings and job search workshops
- Take typing tests
- [redacted]
- Labor market data
- Free HiSET testing center
- Job fairs and MORE!

TIER TWO
Enrolled Clients

(All services in Tier 1 plus...)

- We pay for schooling and certifications*
- We pay for items needed to set you up for success-including transportation, work clothing and required supplies*
- Interview preparation and training
- Mock interviews and feedback to prepare you for employer interviews
- And MORE!

TIER THREE
Enrolled Clients

(All services in Tier 1 and Tier 2 plus...)

- Introduction to currently hiring employers*
- Paid on the job training*
- Paid work experience*
- Internships*
- And MORE!

*All paid support services based on qualification, availability and need

the job market

America's JobCenter of California™

For more information about Humboldt Workforce Coalition:

email: HWC@co.humboldt.ca.us

phone: (707-445-7745) 2420 6th St, Eureka, CA 95501

HUMBOLDT WORKFORCE COALITION

Servicios al Cliente

Cómo le podemos ayudar?

NIVEL 1
Buscando Trabajo

- Computadoras disponibles para buscar trabajo
- Listas de trabajos locales disponibles
- Crear resumes, curriculums (CV) y hojas de referencia
- Escanear, enviar correo electronico (email), o fax a empleadores
- Asssistir a talleres gratis para desarollar habilidades o busqueda de trabajo

NIVEL 2
Clientes inscritos en nuestro programa

Todos los servicios de nivel 1 más los siguientes:

- Pagamos gastos escolares y certificaciones*
- Pagamos los artículos necesarios para clases o entrenamiento. Incluyendo: transporte, ropa de trabajo y más*
- Entrenamiento para entrevistas
- Simular/practicar entrevista
- Y mucho más!

NIVEL 3
Clientes inscritos en nuestro programa

Todos los servicios de nivel 1 y 2 más los siguientes:

- introducción a los empleadores actuales
- Capacitación remunerada en el trabajo*
- Experiencia laboral remunerada*
- Pasantías*
- Y más!

*Todos los servicios de financiamiento se basan en requisitos, disponibilidad y necesidad.

the job market

America's JobCenter of California™

Para obtener más información:

correo electronico **HWC@co.humboldt.ca.us**

teléfono (707-445-7745) 2420 6th St, Eureka, CA 95501

Los programas de WIOA Título I son programas y empleadores de igualdad de oportunidades. Ayuda y servicios auxiliares están disponibles a petición para individuos con discapacidades.

STARTS FEBRUARY 24, 2025

FREE
FOR CAREGIVERS OF CHILDREN UP TO AGE 8

No Drama Discipline PARENTING SERIES

Spend Time with Other Parents and Learn Strategies To More Effectively Communicate and Connect with Your Child

REGISTER HERE

A six-week parenting group based on the bestselling book *No-Drama Discipline* by Daniel J. Siegel and Tina P. Bryson

DATES:
Monday, February 24
Monday, March 3
Monday, March 10
Tuesday, March 18
Monday, March 24
Monday, March 31
TIME: 5:30-7:30pm

LOCATION:
Humboldt County Office of Education, 901 Myrtle Avenue, Eureka

A light dinner is provided. Childcare is available for children ages 1-8 years. Babies younger than 12 months old are welcome in arms. Registration is required.

Each family will receive a copy of the book *No-Drama Discipline: The Whole-Brain Way to Calm the Chaos and Nurture Your Child's Developing Mind*

Humboldt County Office of Education
Early Education Department

For information or to register call:
Hailey at 707.613.3183 or
Ev at 707.633.3065

Kids' Mobile Dental Van

How it Works

1. Please fill out forms COMPLETELY. USE INK ONLY. Return it to your child's school.
2. If you do not need to be present, we will call your child from class to complete a dental exam with X-rays. If you do want to be present, we will call to schedule.
3. A letter detailing your child's examination results and necessary treatment will be sent home.
4. Treatment will be completed during school hours.
5. In 6 months, call the Burre or Fortuna Dental Clinic for your child's next check-up.

Our Services

- Comprehensive Exam
- Cleanings
- Sealants
- White Fillings Stainless
- Steel Crowns
- Extractions
- Oral Health Education

opendoor Community Health Centers

Contact us at: (707) 407-7713

We accept Meds-Cal/Partnership, all private insurances, and work with those without insurance. No child will be turned away due to inability to pay.

Open Door Community Health Centers Mobile Dental Program

Consent to Treatment, Payment, and Release of Information

Print Name of Child _____ Child's Date of Birth _____

What dental care do you want your child to receive?
Check the box next to each service you want for your child.

- ☐ **Dental exam**: Includes dental X-rays.
- ☐ **Preventive services**: Includes cleaning, fluoride treatment, sealants, and oral health education.
- ☐ **Treatment of cavities:** Includes fillings, crowns, pulp/nerve treatments. *Local anesthesia may be used.*
- ☐ **Extraction of baby tooth:** *Local anesthesia may be used.* If needed, one dose of children's ibuprofen may be given. We call the day before to inform you.

Note: Extraction of permanent tooth requires an additional consent

Which appointments would you like to be present for? It will take place during school hours. Please note that there is limited room on the van and you may need to wait outside nearby.
Check the box next to each service you would like to be present for.

- ☐ I do NOT need to be present for appointments.
- ☐ I want to be present for the exam.
- ☐ I want to be present for preventive services(cleanings and sealants).
- ☐ I want to be present for fillings.
- ☐ I want to be present for extractions.

Payment
If my child has dental insurance or Medi-Cal/Partnership, I agree to present their current coverage card.
No child will be turned away, regardless of your ability to pay.

Additional Consents Please use the QR code to access.
Also available at https://opendoorhealth.com/locations/burre-dental-center/mobile-dental-van/
I agree that the following consents have been made available for my review and I agree to the terms included in these documents.

- Open Door's Notice of Privacy Practices
- Dental Material Fact Sheet

☐ I cannot access forms electronically and request a paper copy.

By signing below, I agree:

- I have read this consent, or had this consent read to me.
- I understand and consent to the above statements.
- I authorize Open Door Mobile Dental Program staff to provide the dental care I chose above.
- The information I provided is true and correct, to the best of my knowledge.
- I have had the opportunity to read the Dental Material Facts Sheet and Open Door's Notice of Privacy Practices.

Print name of consenting adult _____ Signature of consenting adult _____ Date _____

Adult's relationship to child _____ Daytime phone number _____

Preference Call / Text
☐ ☐
Choose One

Open Door Community Health Centers

Mobile Dental Health History

Child's Name: First: _____ Last: _____ Date of Birth: _____ Age: _____

Parent/Guardian Name: First: _____ Last: _____

MEDICAL HISTORY

Child's MRN: _____

Date of Last Medical Exam: _____ Provider Name: _____ Specialists: _____

Has your child had any of the following:

	YES/NO		YES/NO
Irregular Heartbeat or Blood Pressure	☐	Diabetes (high/low blood sugar)	☐
Congenital Heart Defect or Heart Surgery	☐	Behavioral or Psychiatric Treatment	☐
Artificial Heart Valve	☐	ADD/ADHD	☐
Blood Disorders (anemia, sickle cell)	☐	Autism Spectrum Disorder	☐
Hemophilia or Excessive Bleeding	☐	Developmental or Intellectual Disability	☐
Cancer/Radiation/Chemotherapy	☐	Impaired Vision, Hearing, or Speech	☐
Liver or Kidney Problems	☐	Frequent Sinus or Tonsil Infections	☐
Thyroid Disease	☐	Asthma or Breathing Problems	☐
Seizures/Epilepsy	☐		

Has your child ever been hospitalized? If yes, for what?

_____

_____

Any other problems or conditions not listed?

_____

_____

MEDICATIONS (include prescriptions, over-the-counter medications and inhalers)

_____

_____

☐ Check here if none (use back side for additional space)

ALLERGIES

_____

_____

☐ Check here if none

Date of Last Dental Exam: _____ Dentist/Clinic: _____

- Does an adult help with brushing and flossing? ☐ Yes / No ☐
- Has the child had any unpleasant experiences in the dental or medical office? ☐ Yes / No ☐
- Has the child had any injuries to the face, mouth, or teeth? ☐ Yes / No ☐
- Does the child have any oral habits (thumb sucking, biting fingernails, etc.)? ☐ Yes / No ☐
- Has the child complained of tooth pain? ☐ Yes / No ☐

Any specific questions or concerns?

_____

Please notify us if changes occur. Appointments may be rescheduled if the child is sick or struggling to breathe through their nose.

Parent/Guardian Signature: _____ **Date:** _____

OPEN DOOR COMMUNITY HEALTH CENTERS **PATIENT INFORMATION**

Legal Last Name:_____ **Legal First Name:** _____ MI: _____

Preferred Name: _____ **Pronouns:**_____

Other Names you may have used: _____

Social Security Number: _____ **Date of Birth:** _____

Address (Mailing): _____ **City:** _____ **Zip Code:** _____

Telephone: _____ **May we contact you at home?** ☐ Yes ☐ No

Other Contact: ☐ Cell Phone ☐ Work Phone ☐ Message Phone _____

Legal Sex: ☐ Male ☐ Female ☐ X

Gender: ☐ Male ☐ Female ☐ Trans Male ☐ Trans Female ☐ Other ☐ Nonbinary / Genderqueer ☐ Questioning ☐ Choose not to disclose

Ethnicity: ☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Another Latino/a and/or Spanish Origin ☐ Non-Hispanic or Latino/a ☐ Unknown

Race: ☐ White ☐ Asian Indian ☐ American Indian ☐ African American ☐ Chinese ☐ Alaskan Native ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Other Pacific Islander ☐ Guamanian or Chamorro ☐ Samoan ☐ Native Hawaiian ☐ Unknown

Preferred Communication: ☐ No preference ☐ Mail ☐ Phone ☐ MyChart

Veteran Status: ☐ Yes ☐ No

Emergency Contact Information (for patient, or for responsible party if patient is a minor):

Emergency Contact Name: _____ **Phone #:** _____

Relationship to Patient: ☐ Spouse ☐ Mother ☐ Father ☐ Grandparent ☐ Other: _____

Are Interpreter Services Needed? ☐ Yes ☐ No

Primary Language: ☐ English ☐ Spanish ☐ Hmong ☐ Other: _____

Mother's Maiden Name:_____

Guarantor Information (The person responsible for payment, example: a parent for a patient under 18 years of age)

Last Name: _____ **First Name:** _____ **MI:** _____

Billing Address: ☐ same as above_____ **City/Zip:** _____

Relationship to Patient: ☐ Self ☐ Parent ☐ Other: _____

Social Security Number: _____ **Legal Sex:** ☐ Male ☐ Female ☐ X

Date of Birth: _____ **Telephone:** _____

Insurance Name: _____

Insurance ID Number:_____ **Issue Date:** _____

Where do you currently live? ☐ In my home or apartment ☐ At a shelter ☐ Staying with others ☐ In transitional housing ☐ The street, a camp, under a bridge, or in a car

Migrant Status: ☐ Migrant ☐ Seasonal ☐ Neither

Office Use Only: Entered by:_____ Date: _____ MRN#: _____

Housing and Income Information

Sliding Fee Discount Program

opendoor Community Health Centers

Why we ask for this information

Open Door Community Health Centers receive grants and federal funding to support our services. Each year we must collect information about the communities we serve to share with our funders. By completing this form, you are helping us keep our funding so we can offer more services.

We combine your information with others and report it in summary form. We do not share any personal information or report data that could be used to identify you.

1. Information about you and where you live

Name	**Birth date**	**MRN** *Office Use*

Are you a veteran? (Check one) ☐ Yes ☐ No

How do you describe where you live? (Check one)

- ☐ Live in a place I own or rent (house, apartment, condo, or townhouse)
- ☐ Live in someone else's place on a temporary basis ("couch surfing")
- ☐ Live in transitional housing (Arcata House or halfway house)
- ☐ Live somewhere as part of a program or treatment (hospital, hotel or motel, respite care, treatment program, jail)
- ☐ Live in emergency shelter
- ☐ Live unsheltered (in a tent, car, around buildings or bridges)

At any time in the last 12 months were you without a regular place to live? (Check one) ☐ Yes ☐ No

2. Information about the people in your household

Please list the names and birth dates of the people in your household. Your household includes people you live and share an income with.

Name	**Birth date**	**MRN** *Office Use*

3. Information about household income

What is your household income before taxes or deductions? This is the total amount earned by all members of your household, including you.

Examples of income (check all that apply):

- ☐ Wages or salary from employment or self-employment
- ☐ Other earnings from employment, such as tips or commissions
- ☐ Child Support
- ☐ Spousal Support
- ☐ Any other source of income_____
- ☐ Alimony
- ☐ Pension or Retirement income
- ☐ Social Security
- ☐ Disability payments
- ☐ Unemployment payments

Total household income: $_____

Is this income (Check one) ☐ Weekly ☐ Monthly ☐ Annually

4. Eligibility for sliding fee discount scale co-payment

Based on your household income reported above you may be eligible for a discount on the fees for your services.

If you are reporting no income above, you must describe your current means of support and/or living situation:

_____

We reserve the right to request evidence of your income in the form of pay stubs, tax returns, or other documents in order to qualify for discounts.

5. Certification and signature

I declare that the information I have given on this form is true, correct, and complete. I understand that the giving of false information may make me ineligible for discounted services.

Signature: _____ Date: _____

OFFICE USE ONLY SITE_____ Calculated Annual Income_____

Income Verified*: ☐ Yes (Expires 365 days) ☐ No (≤200% FPL-Expires 30days) ☐ No (>200% FPL- Expires 365days)

Notified Patient about eligibility screening and application assistance through Open Door Member Services: ☐ Yes

This applicant is: ☐ Eligible for Discount of: ☐ A Scale ☐ B Scale ☐ C Scale ☐ D Scale ☐ $0 Co-pay**
☐ Not Eligible for Sliding Scale Discount ☐ Patient Declined

**$0 co-pay requires re-certification by Office Manager at each visit and cannot be applied to family members.

Termination date: _____ Certified by: Signature: _____ Date: _____

Document eligibility for each family member for each account type within registration.
Enter date eligibility begins (the certification date on this sheet) for each eligible account.
Scan form into Documents under FDS – Financial Document, DESC – FPL.

*ROUTE TO MEMBER SERVICES for follow-up assistance: 1) any form for patient eligible for SFS≤200% and not yet verified; and/or 2) any form for patient with no primary coverage (or no coverage other than SFS)

Open Door's Member Services Referral Form

ASSISTANCE IS FREE!

Humboldt:
Phone: (707) 269-7073
Fax: (707)269-7045

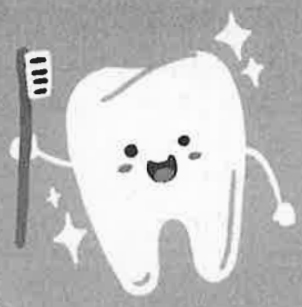
Del Norte:
Phone: (707) 465-1988
Fax: (707) 465-1987

Member Services can help with:

- Applications for Health Care Benefits or Coverage
- Food resource assistance
- Health care access questions
- *And More!*

Name
Date of Birth:
Name of Parent/Guardian (if applicable)
Daytime Phone:
Email:
Address:

Referred From:
- ☐ Mobile Dental
- ☐ Open Door site:
- ☐ Other:



Furgoneta dental móvil para niños

Cómo funciona

1. Complete los formularios EN SU TOTALIDAD. UTILICE TINTA ÚNICAMENTE. Devuélvalo a la escuela de su hijo/a.
2. Si no necesita estar presente, retiraremos a su hijo/a de la clase para completar un examen dental con radiografías. Si desea estar presente, nos comunicaremos con usted para programar una cita.
3. Se enviará a su casa una carta en la que se detallarán los resultados del examen de su hijo/a y el tratamiento necesario.
4. El tratamiento se completará durante el horario escolar.
5. En 6 meses, llame a la Burre o Fortuna Dental Clinic para el próximo control de su hijo/a.

Nuestros servicios

- Examen integral
- Limpiezas
- Selladores
- Empastes blancos
- Coronas de acero inoxidable
- Extracciones
- Educación sobre la salud bucal

opendoor Community Health Centers

Póngase en contacto con nosotros al : (707) 407-7713

Aceptamos Meds-Cal/Partnership, todos los seguros privados y trabajamos con personas sin seguro. No se negará atención a ningún niño o niña por falta de capacidad de pago.

Programa dental móvil de Open Door Community Health Centers

Consentimiento para el tratamiento, el pago y la divulgación de información

Nombre del niño/niña en letra de imprenta _____ Fecha de nacimiento del niño/niña _____

¿Qué atención dental desea que reciba su hijo/a?

Marque la casilla junto a cada servicio que desee para su hijo/a.

- ☐ **Examen dental:** incluye radiografías dentales.
- ☐ **Servicios preventivos:** incluye limpieza, tratamiento con flúor, selladores y educación sobre la salud bucal.
- ☐ **Tratamiento de caries:** incluye empastes, coronas, tratamientos de la pulpa/el nervio. *Es posible que se utilice anestesia.*
- ☐ **Extracción de diente de leche:** *es posible que se utilice anestesia.* Si es necesario, es posible que se administre una dosis de ibuprofeno para niños. Llamamos el día anterior para informarle.

Nota: La extracción de un diente permanente requiere un consentimiento adicional.

¿En qué citas le gustaría estar presente? Se llevará a cabo en horario escolar. Tenga en cuenta que el espacio en la furgoneta es limitado y es posible que tenga que esperar afuera a una distancia corta.

Marque la casilla junto a cada servicio en el que le gustaría estar presente.

- ☐ NO necesito estar presente para las citas.
- ☐ Quiero estar presente durante el examen.
- ☐ Quiero estar presente para los servicios preventivos (limpiezas y selladores).
- ☐ Quiero estar presente durante los empastes.
- ☐ Quiero estar presente durante las extracciones.

Pago

Si mi hijo/a tiene seguro dental o Medi-Cal/Partnership, acepto presentar su tarjeta de cobertura actual.
No se negará atención a ningún niño o niña, independientemente de su capacidad de pago.

Consentimientos adicionales Utilice el código QR para acceder.
También disponible en https://opendoorhealth.com/locations/burre-dental-center/mobile-dental-van/
Estoy de acuerdo en que los siguientes consentimientos se pusieron a mi disposición para que los revise y estoy de acuerdo con los términos incluidos en estos documentos.

- Aviso de prácticas de privacidad de Open Doors
- Hoja informativa de material dental

☐ No puedo acceder a los formularios electrónicamente y solicito una copia impresa.

Al firmar a continuación, acepto lo siguiente:

- He leído este consentimiento o me han leído este consentimiento.
- Entiendo las declaraciones anteriores y doy mi consentimiento con respecto a ellas.
- Autorizo al personal del Programa dental móvil de Open Door a brindar la atención dental que elegí anteriormente.
- Según mi leal saber y entender, la información que proporcioné anteriormente es verdadera y correcta.
- He tenido la oportunidad de leer la Hoja informativa de material dental y el Aviso de prácticas de privacidad de Open Door.

Nombre en letra de imprenta del adulto que da su consentimiento _____ Firma del adulto que da su consentimiento _____ Fecha _____

Relación del adulto con el niño/la niña _____ Número de teléfono diurno _____

Llamada ☐
Mensaje de texto ☐
Preferencia
Escoge uno

Open Door Community Health Centers

Antecedentes de salud dental móviles

Nombre completo del niño/niña: Nombre: _____ Apellido: _____ Fecha de nacimiento: _____

Edad: _____ Nombre completo del padre/madre/tutor: Nombre: _____ Apellido: _____

ANTECEDENTES MÉDICOS

NHC del niño/niña: _____

Fecha del último examen médico: _____ Nombre del proveedor: _____ Especialistas: _____

¿Su hijo/a ha tenido alguna de las siguientes afecciones?

	SÍ	NO		SÍ	NO
Latidos cardíacos irregulares o presión arterial	☐	☐	Diabetes (nivel alto o bajo de azúcar en sangre)	☐	☐
Defecto cardíaco congénito o cirugía cardíaca	☐	☐	Tratamiento del comportamiento o psiquiátrico	☐	☐
Válvula cardíaca artificial	☐	☐	TDA/TDAH	☐	☐
Trastornos sanguíneos (anemia, anemia falciforme)	☐	☐	Trastorno del espectro autista	☐	☐
Hemofilia o sangrado excesivo	☐	☐	Discapacidad intelectual o del desarrollo	☐	☐
Cáncer/radiación/quimioterapia	☐	☐	Deterioro de la visión, la audición o el habla	☐	☐
Problemas hepáticos o renales	☐	☐	Infecciones frecuentes de los senos paranasales o las amígdalas	☐	☐
Enfermedad de la tiroides	☐	☐	Asma o problemas respiratorios	☐	☐
Convulsiones/epilepsia	☐	☐			

¿Alguna vez tuvieron que hospitalizar a su hijo/a? En caso afirmativo, ¿para qué?

_____

_____

¿Tuvo algún otro problema o afección que no esté en la lista?

_____

_____

MEDICAMENTOS (incluye medicamentos recetados, medicamentos de venta libre e inhaladores)

_____

_____

☐ Marque aquí si no toma ninguno (use la parte de atrás si necesita más espacio)

ALERGIAS

_____

_____

☐ Marque aquí si no tiene ninguna

Fecha del último examen dental: _____ Dentista/clínica: _____

- ¿Un adulto ayuda con el cepillado y el uso del hilo dental? ☐ Sí/No ☐
- ¿Ha tenido el niño/la niña alguna experiencia desagradable en el consultorio dental o médico? ☐ Sí/No ☐
- ¿El niño/la niña ha tenido alguna lesión en la cara, la boca o los dientes? ☐ Sí/No ☐
- ¿Tiene el niño/la niña algún hábito oral (chuparse el dedo, morderse las uñas, etc.)? ☐ Sí/No ☐
- ¿El niño/la niña se ha quejado de dolor de dientes? ☐ Sí/No ☐

¿Tiene alguna pregunta o inquietud específica?

_____

Por favor, notifíquenos si se producen cambios. Las citas pueden reprogramarse si el niño/la niña está enfermo/a o tiene dificultades para respirar por la nariz.

Firma del padre/madre/tutor: _____ **Fecha:** _____

OPEN DOOR COMMUNITY HEALTH CENTERS **INFORMACIÓN DEL PACIENTE**

Apellido Legal:_____ **Primer Nombre Legal**: _____ MI:_____

Nombre Preferido: _____ **Pronombres:**_____

Otros nombres que ha usado: _____

Número de Seguro Social: _____ **Fecha de nacimiento**: _____

Dirección (para correo): _____ **Ciudad**: _____ **Código Postal**: _____

Número de teléfono: _____ **¿Podemos contactarle en casa?** ☐ Sí ☐ No

Otro método de contacto: ☐ Teléfono móvil ☐ teléfono del trabajo ☐ Teléfono para mensajes _____

Sexo Legal: ☐ Masculino ☐ Femenino ☐ X

Género: ☐ Masculino ☐ Femenino ☐ Transgénero – Masculino; Femenino a Masculino ☐ Transgénero – Femenino; Masculino a Femenino ☐ Otra ☐ No binario /Género Queer ☐ Indeciso ☐ Prefiero no decir

Origen Étnico: ☐ Hispano ☐ No Hispano ☐ No se

Raza: ☐ Blanco ☐ Asiático ☐ Americano Nativo ☐ Afroamericano ☐ De las Islas del Pacífico ☐ Nativo de Alaska ☐ No se sabe

Forma de comunicación preferida: ☐ No tengo preferencia ☐ Correo ☐ Teléfono ☐ MyChart

¿Es Veterano militar? ☐ Sí ☐ No

Contactos en caso de emergencia (para el paciente, o para el padre/guardián si el paciente es menor de edad)

Nombre de contacto en caso de emergencia: _____ **Teléfono:**_____

Relación con el paciente: ☐ Esposa/o ☐ Mamá ☐ Papá ☐ Abuelos ☐ Otro: _____

¿Necesita servicios de interpretación? ☐ Sí ☐ No

Su Lenguaje: ☐ Inglés ☐ Español ☐ Hmong ☐ Otro: _____

Apellido de soltero de la mama:_____

Información del fiador (La persona que paga los cobros, por ejemplo: El padre de un paciente menor de edad.)

Apellido: _____ **Primer Nombre:** _____ **MI:** _____

Dirección: ☐ La misma descrita arriba_____ **Ciudad/Código Postal**: _____

Relación al paciente: ☐ Mismo ☐ Papá/Mamá ☐ Otro: _____

Número de Seguro Social: _____ **Sexo Legal:** ☐ Masculino ☐ Femenino ☐ X

Fecha de nacimiento: _____ **Teléfono:** _____

Nombre del seguro médico: _____

Numero de ID del seguro médico:_____ **Fecha de emisión:**

Situación de vivienda: ☐ Ahora tengo hogar ☐ Vivo en un refugio ☐ Vivo con otras personas ☐ Hogar temporal ☐ Vivo en la calle, campamento, puente

Estatus migratorio: ☐ Inmigrante ☐ Trabajador temporal ☐ Ninguno de esos

Office Use Only: Entered by:_____ Date: _____ MRN#: _____

Información de Vivienda e Ingreso

Programa de descuento de tarifa variable

opendoor Community Health Centers

¿Por qué pedimos esta información?

Los Centros de Salud Comunitarios Open Door reciben subsidios y fondos federales para apoyar nuestros servicios. Cada año debemos recopilar información sobre las comunidades que servimos para compartir con nuestros financiadores. Al completar este formulario, nos está ayudando a mantener nuestros fondos para que podamos ofrecer más servicios.

Combinamos su información con otras y la informamos en forma resumida. No compartimos ninguna información personal ni informamos datos que puedan usarse para identificarlo.

---

1. Información sobre usted y dónde vive

Nombre	**Fecha de nacimiento**	**Uso de MRN** Office

¿Es usted un veterano? (Marque uno) ☐ Sí ☐ No

¿Cómo describe el lugar dónde vive? (Marque uno)

- ☐ Vive en su propia casa o renta (casa, apartamento o condominio)
- ☐ Vive con otra persona de forma temporal ("por ejemplo, durmiendo en el sofá en la casa de otra persona")
- ☐ Vive en una vivienda de transición (Casa Arcata u otra casa de transición)
- ☐ Vive en algún lugar como parte de un programa o tratamiento (hospital, hotel o motel, cuidado de relevo, programa de tratamiento, cárcel)
- ☐ Vive en un refugio de emergencia
- ☐ Vive desprotegido (en una tienda de campaña, automóvil, alrededor de edificios o puentes)

¿En algún momento de los últimos 12 meses estaba sin un lugar regular para vivir?
(Marque uno) ☐ Sí ☐ No

2. Información sobre las personas en su hogar

Por favor, enumere los nombres y fechas de nacimiento de las personas en su hogar. Su hogar incluye a las personas con las que vive y con las que comparte un ingreso.

Nombre	**Fecha de nacimiento**	**Uso de MRN** Office

3. Información sobre los ingresos del hogar

¿Cuál es el ingreso de su hogar antes de impuestos o deducciones? Esta es la cantidad total ganada por todos los miembros de su hogar, incluyéndolo a usted.

Ejemplos de ingresos (marque todos los que correspondan):

- ☐ Salarios o salarios del empleo o del trabajo por cuenta propia
- ☐ Otras ganancias del empleo, como propinas o comisiones
- ☐ Manutención de los hijos
- ☐ Manutención conyugal
- ☐ Cualquier otra fuente de ingreso_____
- ☐ Pensión alimenticia
- ☐ Pensión o ingresos de jubilación
- ☐ Seguridad social
- ☐ Pagos por discapacidad
- ☐ Pagos por desempleo

Ingreso total del hogar: $_____

¿Es este ingreso? (Cheque uno) ☐ Semanal ☐ Mensual ☐ Anual

4. Elegibilidad para el copago de la escala de descuento de tarifas proporcionales

Según los ingresos de su hogar informados anteriormente, puede ser elegible para un descuento en las tarifas de sus servicios.

Si no reporta ningún ingreso arriba, debe describir su medio actual de manutención y / o situación de vida:

_____

Nos reservamos el derecho de solicitar evidencia de sus ingresos en forma de talones de pago, declaraciones de impuestos u otros documentos para calificar para descuentos.

5. Certificación y firma

Declaro que la información que he dado en este formulario es verdadera, correcta y completa. Entiendo que la entrega de información falsa puede hacerme inelegible para servicios con descuento.

Firma_____ Fecha: _____

OFFICE USE ONLY SITE_____ Calculated Annual Income_____

Income Verified*: ☐ Yes (Expires 365 days) ☐ No (≤200% FPL-Expires 30days) ☐ No (>200% FPL- Expires 365days)

Notified Patient about eligibility screening and application assistance through Open Door Member Services: ☐ Yes

This applicant is: ☐ Eligible for Discount of: ☐ A Scale ☐ B Scale ☐ C Scale ☐ D Scale ☐ $0 Co-pay**
☐ Not Eligible for Sliding Scale Discount ☐ Patient Declined

**$0 co-pay requires re-certification by Office Manager at each visit and cannot be applied to family members.

Termination date: _____ Certified by: Signature: _____ Date: _____

Document eligibility for each family member for each account type within registration.

Enter date eligibility begins (the certification date on this sheet) for each eligible account.

Scan form into Documents under FDS – Financial Document, DESC – FPL.

*ROUTE TO MEMBER SERVICES for follow-up assistance: 1) any form for patient eligible for SFS≤200% and not yet verified; and/or 2) any form for patient with no primary coverage (or no coverage other than SFS)

Open Door's Servicios para Miembros Formulario

¡ASISTENCIA ES GRATIS!

Humboldt:
Teléfono: (707) 269-7073
Fax: (707)269-7045

Del Norte:
Teléfono: (707) 465-1988
Fax: (707) 465-1987

Nuestro Servicios para Miembros les puede ayudar con:

- *Aplicaciones para cubertura o beneficios de cuidado de salud*
- *Asistencia recursos alimenticos*
- *Preguntas sobre acceso al cuidado de la salud*
- *¡Y Más!*

Nombre

Fecha de Nacimiento:

Nombre del padre o guardián (si es aplicable):

Número de teléfono durante el día:

Email:

Dirección:

Referred From/ Derivados

- ☐ Mobile Dental
- ☐ Open Door site:
- ☐ Other:

Upcoming 2025 Pathway to Payday Events

Pathway to Payday is a FREE 4-day employment workshop series for community members that focuses on enhancement of application, resume and interview skills, and offers participants the opportunity to interview with real employers for real jobs.

Events take place 9am-12pm each day at the Betty Chinn Day Center. Find out more and apply at uplifteureka.com/pathway, or call 707-672-2253.

1 **February 10th-13th**

May 5th - 8th 2

3 **July 28th - 31st**

November 3rd-6th 4

PREPARATORY WORKSHOPS

FEBRUARY 3/4TH

APRIL 28/29TH

JULY 21ST/22ND

OCTOBER 27/28TH

Schedule a time to work with Uplift staff to create or polish your resume, sign up for the businesses you'd like to interview with, and complete applications in preparation for your interviews.

APPLYING FOR THE JOB YOU WANT DAY 1

Learn how to best represent your work history & skill set, find out how to avoid common application mistakes, & discover what today's employers are looking for.

MOCK INTERVIEWS DAY 2

Gain valuable interview skills by engaging in interactive mock interviews that will allow you to test your interview skills & receive valuable feedback to prepare for real interviews!

REAL INTERVIEWS DAY 3

Put your skills into action when you interview with real employers for real jobs. Participants are not guaranteed a job, but are guaranteed this opportunity... so make the most of it!

THE NEXT STEPS DAY 4

In the final workshop, receive feedback from your job interviews, and leave with tools to set you up for success in a new job.

CITY OF EUREKA CALIFORNIA

COMMUNITY ACCESS PROJECT FOR EUREKA

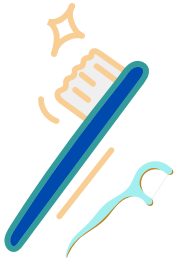
uplift EUREKA

Betty Kwan Chinn Day Center

YOU CAN BE A TOOTH FAIRY TO LOCAL FAMILIES IN NEED BY DONATING DENTAL SUPPLIES FEBRUARY - MARCH 2025

America's ToothFairy

SMILE DRIVE



HELP US BREAK LAST YEAR'S RECORD COLLECTION OF 3,000+ DENTAL ITEMS!

Humboldt County's First Annual Smile Drive in 2024 collected more dental care items than any other drive held across the country. Donated toothbrushes, floss/flossers and toothpaste are provided to local schools, Family and Community Resource Centers and other social support organizations providing services to children and adults who have limited access to supplies.

You can donate in the following ways:

- **Shop our Amazon Smile Drive Wish List**
- **Make an online contribution ($1 = 1 toothbrush)**
- **Collect and take items to a drop-off location**
- **Buy and donate supplies at Eureka Grocery Outlet.**

If interested in supporting Humboldt County's Smile Drive, please scan the QR code or visit: smilehumboldt.com/SmileDrive2025.

Humboldt County Department of Health & Human Services

SMILE Humboldt

redwood community action agency
A CATALYST FOR CHANGE

Humboldt Network of Family Resource Centers

FREE TAX PREPARATION!

The Volunteer Income Tax Assistance Program – VITA provides FREE tax preparation whose combined household income was less than $79,000 in the 2024 tax year.

EarnIt!
KeepIt!
$ave It!

THE EARN IT, KEEP IT, SAVE IT PROGRAM OFFERS:

- **FREE Tax Preparation by IRS Certified Preparers**
- **Tax credit assistance with Earn Income Tax Credits, Child or Dependent Care Credits and Education Credit**

Call for drop off locations and times or to book an appointment

707-572-5045

redwood
communityaction
agency

First 5 HUMBOLDT

Triple P Positive Parenting Series

Triple P
Positive Parenting Program

Free classes for caregivers of children 0-12 years old.
In each session we will discuss positive parenting strategies.

This parenting support series is approved by the COURTS and Social Services Family Plans

SESSION 1: THE POWER OF POSITIVE PARENTING
THURSDAY, FEBRUARY 20TH

SESSION 2: RAISING CONFIDENT, COMPETENT CHILDREN
THURSDAY, FEBRUARY 27TH

SESSION 3: RAISING RESILIENT CHILDREN
Thursday, March 6th

Certificates and gift cards!

4:30-6 pm
On Zoom

Scan here to register
or contact Karina 707-506-6202

@first5humboldt

TRIPLE P POSITIVE PARENTING SERIES

FREE Childcare & Food!

Free classes for caregivers of children 0-12 years old. Explore ways to build positive, healthy relationships.

Series Sessions:

Tuesdays, Mar. 11 - Apr. 1
5:30-7:00 PM
Blue Lake Union ESD Cafeteria

- **Session 1 (3/11):** The Power of Positive Parenting
- **Session 2 (3/18):** Raising Confident, Competent Children
- **Session 3 (3/25):** Raising Resilient Children
- **Session 4 (4/1):** Safety Preparedness at Home
  *Potluck dinner night!

Book Now!

tinyurl.com/PPPParenting

For More Info:

Karina (707)506-6202

Triple P Positive Parenting Program

First 5 HUMBOLDT

BLUE LAKE RANCHERIA GOUWENOUTWUK