Citizens' Health Care Working Group

HEALTH CARE THAT WORKS FOR ALL AMERICANS

LOS ANGELES HEALTH CARE COMMUNITY MEETING

Saturday March 4, 2006 | 8:30 am - 4:00 pm

Los Angeles Convention Center | 1201 South Figueroa Street | Los Angeles, CA 90015

Help Shape the Future of Health Care in Los Angeles and the Nation
Citizens' Recommendations to be Shared with President, Congress

Your voice does matter...

Become a part of an historic discussion taking place right now across America! Citizens like you get to tell the policymakers in Washington what you like and don't like about our nation's health care system! Tell the President and Congress exactly how you want your health care system to change.

Register now to participate in the Los Angeles meeting!

online at **www.citizenshealthcare.gov**

By Phone at 800-679-3684 | By fax at 310-577-9729

By mail at L.A. Health Care Community Meeting, P.O. Box 2398, Venice, CA 90294

Meals will be provided.

If you have special needs, please call 800-679-3684

Name _____
First M.I. Last

Company/Organization _____

Address _____ ❑ Home ❑ Work

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Email Address _____

Gender ❑ Male ❑ Female **Age** ❑ Under 25 ❑ 25 to 44 ❑ 45 to 64 ❑ Over 65 **Are you Latino?** ❑ Yes ❑ No

Which of these groups best represents your race?
❑ White ❑ Black or African American ❑ Asian ❑ Native Hawaiian or Pacific Islander ❑ American Indian or Alaska Native
❑ Two or more races ❑ Other _____ ❑ Decline to answer

What is the highest grade or year of school you completed?
❑ Elementary (grades 1-8) ❑ Some high school ❑ High school graduate or GED ❑ Some college
❑ Associates degree ❑ Bachelors degree ❑ Graduate or professional degree ❑ Decline to answer

What is your employment status? ❑ Employed ❑ Self-employed ❑ Not employed/currently looking for work
❑ Homemaker ❑ Other _____

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid? ❑ Yes ❑ No ❑ Not sure

Do you need child care services at the meeting? ❑ Yes **Do you need transportation to the meeting?** ❑ Yes