



Reading Scholarship Application

Reading can open many doors for your child! We want to boost the love of reading with our Reading Scholarship Program. Strong reading skills are an important building block in learning. Whether your child is just learning how to read and struggling with basic skills, or a strong reader and wants to build their skills, our tutoring programs can help them master reading. During the elementary years, children move from “learning to read” to “reading to learn.” Children perform better in every school subject when they read well.



Learn to Read!

- Alphabet Skills
- Phonics
- Sight Words
- Comprehension
- Love of Reading

1. What does our tutoring program look like?

This program is designed to help children improve their love of books and reading by developing stronger literacy skills over the summer.

2. How does this program work?

Members must be in Kindergarten to 5th grade to participate. After the application is processed you will be provided a confirmation email with all the details of the class, website and a customer service number for remaining questions.

3. Once approved for the program what will the child be doing?

The child will be scheduled for their classes, held once a week for five weeks. There is homework and online modules that will take approximately two hours per week in addition to the class time.

4. Does the child's teacher have to do anything with their student once in this program? (this is the teacher that is signing off on the child to enroll in the program)

The teacher will not have any involvement other than signing off on the application to have the member take advantage of the Program.

Submit Your Application

Send the form back to us in one of three ways:

1. By Fax: **1-888-338-3373**
2. By Email: **CaidProdMgmt@wellcare.com**
3. By Mail: **P.O. Box 31419, Tampa, FL 33633**



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Reading can open many doors for your child! We want to encourage the love of reading with our Reading Scholarship program. To apply for your child, please fill out this form. Have your child's teacher sign the form. Then send it back to Care1st Health Plan Arizona in one of the three ways listed below.

To qualify, your child must be in school at any level from kindergarten to the fifth grade.

I, _____, (parent/caregiver) give my child permission to take part in the reading program, if selected.

Tell us why you feel your child would benefit from this program:

Child Information

Subscriber ID (find this on your child's plan ID card): _____

First name/last name: _____

Address, city, state, ZIP code: _____

Caregiver signature: _____

Student signature: _____

To be Signed by Teacher

I, _____, (student's teacher) agree that this student would benefit from this scholarship.

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Care1st Health Plan Arizona, Inc. (Care1st) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Care1st does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Care1st:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, Braille, accessible electronic formats, other formats)
- Provides language services at no cost to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Care1st toll-free at **1-866-560-4042** (TTY: **711**), Monday–Friday from 8 a.m. to 5 p.m.

If you believe that Care1st 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:

Care1st Health Plan Arizona, Inc., Attn: Grievance Coordinator, 432 N 44th Street, Suite 100, Phoenix, AZ 85008; Telephone: **1-866-560-4042**; TTY number: **711**; Fax: **1-602-778-1814**; <https://care1staz.com/az/aboutus/contact.asp>. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Care1st Grievance Coordinator 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, DC 20201, **1-800-368-1019**, **1-800-537-7697** (TDD).

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

ATTENTION: If you speak English, language assistance services are available to you at no cost. Call **1-866-560-4042** (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística sin ningún costo. Llame al **1-866-560-4042** (TTY: **711**).

bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih
1-866-560-4042 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。
請致電 **1-866-560-4042 (TTY: 711)**。

CHÚ Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp các dịch vụ
hỗ trợ ngôn ngữ miễn phí. Vui lòng gọi số **1-866-560-4042 (TTY: 711)**.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل بالرقم
1-866-560-4042 (جهاز الهاتف النصي: 711).

PAALALA: Kung nagsasalita ka ng Tagalog, may mga serbisyong
tulong sa wika na magagamit mo nang libre. Tumawag sa
1-866-560-4042 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 제공해
드립니다. **1-866-560-4042 (TTY: 711)** 번으로 전화해 주십시오.

ATTENTION: Si vous parlez français, des services d'assistance à la
langue vous sont offerts sans frais. Composez le **1-866-560-4042**
(TTY: 711).

ACHTUNG: Falls Sie Deutsch sprechen, werden Ihnen
Sprachunterstützungsdienste kostenfrei zur Verfügung gestellt.
Rufen Sie **1-866-560-4042** an (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то услуги перевода
доступны для Вас бесплатно. Звоните **1-866-560-4042 (TTY: 711)**.

注意：日本語をご希望の場合は、無料で言語サポートサービスが
ご利用いただけます。**1-866-560-4042**（テキスト電話：711）ま
でお電話ください。

توجه: اگر به فارسی صحبت میکنید، خدمات زبانی به صورت رایگان
به شما ارائه میشود. با شماره **1-866-560-4042 (TTY: 711)**
تماس بگیرید.

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PAŽNJA: Ako govorite srpski, usluge jezičke pomoći dostupne su
Vam besplatno. Nazovite **1-866-560-4042 (TTY: 711)**.

โปรดทราบ: หากคุณพูดภาษาไทย เรามีบริการให้ความช่วยเหลือด้าน
ภาษาให้คุณโดยไม่มีค่าใช้จ่าย โทร **1-866-560-4042 (TTY: 711)**.