

## Codsiga Caynsanaanta Daryeelka Caafimaad ee Dhallaanka Uurka Leh (loogu talagalay Dhallaanka Da'doodu ay ka yar tahay 19)

**Application for Pregnant Teen Health Care Coverage (for Teens Under Age 19)**

Magaca hore	Xarafka hore ee magaca dhexe	Magaca dambe	
Cinwaanka meesha aad ku naashahay ( <i>Haddii aadan lahayn cinwaan xaddidan, fadlan hoos ku qor cinwaanka boostada.</i> )			
Cinwaanka waddada	Magaalada	Gobolka	Koodhka Deegaanka
Cinwaanka boostada ( <i>Haddii aad doorbidaysid in dhammaan warqadaha loo diro wakiil idman, fadlan hoos dhammeystir.</i> )			
Cinwaanka waddada	Magaalada	Gobolka	Koodhka Deegaanka
<b>Lambarada teleefoonka aad jeceshahay</b>			
Ma yihiin lambaradaan teleefoonka meelo uu dhakhtarka/daryeel bixiyaha uu kuugu reebi karo fariin? <input type="checkbox"/> Haa <input type="checkbox"/> Maya Haddii ay maya tahay, ha buuxinin qaybtan.			
Lambarka xiriirka:		Lambarka fariinta codka:	
<b>Adeegaha luuqada iyo naafonimada</b>			
Dhib maku qabtaa ku hadlidda, akhrinta, ama qoridda Ingiriiska? <input type="checkbox"/> Haa <input type="checkbox"/> Maya Ma u baahan tahay turjumaan? <input type="checkbox"/> Haa <input type="checkbox"/> Maya Ma u baahan tahay warbixin turjuman? <input type="checkbox"/> Haa <input type="checkbox"/> Maya Waa maxay Luuqadda aad doorbidaysid in aad ku hadashid? _____ Waa maxay Luuqadda aad doorbidaysid in aad akhrisid? _____			
<b>Suaalo (jawaabahaaga ee su'aalahan ma saameynayaan caynsanaantaada.)</b>			
Miyaad tahay muwaadin u dhashay Mareykanka ama muhaajir si sharci ah u degan Mareykanka? <input type="checkbox"/> Haa <input type="checkbox"/> Maya Miyaad tahay Hinddida Mareykanka ama Alaskan Dhalad ah? <input type="checkbox"/> Haa <input type="checkbox"/> Maya Ma doonaysaa in uurkaaga laga dhigo mid qarsoodi ah? <input type="checkbox"/> Haa <input type="checkbox"/> Maya Miyaad jira kharashaad caafimaad oo aan la bixinin ee kugu yimid xilligii uurkaaga? <input type="checkbox"/> Haa <input type="checkbox"/> Maya			
Taariikhda dhalashada (mm/bb/ssss)	Taariikhda Dhammaadka Uurka (mm/bb/ssss) (haddii aadan garanaynin, qiyaas.)	Lambarka Damaannada Bulshada (Hadaadan haysan mid, ayadoo banaan ka tag.)	
<b>Wakiilka idman ee ikhtiyaariga ah (AREP waa qof aad u oggoshahay in Maamulka Daryeelka Caafimaadka uu kala hadlo caynsanaantaada iyo/ama in uu qabto warqadda boostada ee khuseysa Caynsanaanta Daryeelka Caafimaadka Dhallaankaaga Uurka leh.) Si aad u yeelatid AREP, fadlan dhammeystir xogta hoose.</b>			
Magaca AREP	Magaca uururka	Lambarka taleefoonka	
Cinwaanka waddada	Magaalada	Gobolka	Koodhka Deegaanka
Calaamadee midkood ama labaduba: <input type="checkbox"/> U dir warqadeyda cinwaankeyga boostada. <input type="checkbox"/> U soo dir warqadeyda cinwaankan AREP.			
<b>Si taxadar leh u akhri kahor inta aadan saxiixin hoose</b>			
Waxaan fahansanahay in: <ul style="list-style-type: none"> <li>• Xaaladeyda waxay ku khasban tahay xaqiijinta Maamulka Daryeelka Caafimaad ama wakaaladaha kale ee gobolka ama dowladda dhexe.</li> <li>• Haddii aan wayddiisto in uurkeyga laga dhigo mid qarsoodi ah, caymis kale lama wayddiisanayo qaansheegga adeegyada ee aan helay ayadoo loo marayo barnaamijkan.</li> </ul>			
<b>Qaraarka iyo saxiixa</b>			
Waxaan akhriyay oo aan fahmay xogta ku qoran codsigan. Waxaan shaaca ka qaadayaa ayadoo la tixraacayo ciqaabta dhaarbeeneedka in xogta aan ku bixiyay codsigan ay tahay mid sax ah, run ah, oo dhammeystiran sida ugu fiican aqoonteyda.			
Saxiixa codsadhaha		Taariikh	