



# Staying Well in School Asthma Checklist

✓ YES    ✓ NO

Does your child have an inhaler/spacer for school?*		
*A second inhaler that will stay at school is covered.		
If your child is playing sports, does your child have an inhaler/spacer for sports?		
Does your child have an asthma action plan with their doctor?		
If your child takes other medications, do you have them for school in the original containers with the prescription labels intact and with complete instructions on how they should be used?		
Have you told the teacher and nurse that your child has asthma?		
Have you reviewed your child's asthma action plan with the teacher and nurse?		
Did you give the school your emergency contact information and the contact information for backup individuals?		

If you answered **YES** to all of these questions, your child is set to stay well while in school.

If you answered **NO** to any of the questions, please call our Rapid Response and Outreach Team at **1-833-212-2264** so we can assist with your readiness needs.

Source:

“Back to School with Asthma Checklist,” American Lung Association, July 27, 2020, <https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/living-with-asthma/creating-asthma-friendly-environments/back-to-school-with-asthma.html>.

  
**AmeriHealth Caritas**<sup>™</sup>  
New Hampshire

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The information in this document is to help you learn more about this topic. It is not to take the place of your child's health care provider. If you have questions, talk with your child's health care provider. If you think you need to see your child's health care provider because of something you have read in this information, please contact your child's health care provider. Never stop or wait to get medical attention because of something you have read in this material.

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered or call Member Services at **1-833-704-1177 (TTY 1-855-534-6730)** if you have questions regarding your benefits.

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**Discrimination is against the law**

AmeriHealth Caritas New Hampshire complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of age, race, ethnicity, national origin or ancestry, mental or physical disability, sexual or affection orientation or preference, gender identity, marital status, genetic information, source of payment, sex, creed, religion, health or mental health status or history, need for health care services, amount payable to AmeriHealth Caritas New Hampshire on the basis of an eligible person's or member's actuarial class or pre-existing medical/health conditions, whether or not the member has executed an advance directive, or any other status protected by federal or state law.

AmeriHealth Caritas New Hampshire provides free aids and services to people with disabilities. Examples of these aids and services include qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services, such as qualified interpreters and information written in other languages, to people with limited English proficiency or whose primary language is not English.

If you need these services, contact AmeriHealth Caritas New Hampshire 24 hours a day, seven days a week, at **1-833-704-1177 (TTY 1-855-534-6730)**.

If you believe that AmeriHealth Caritas New Hampshire has failed to provide these services or has discriminated against you in another way, you or your authorized representative (if we have your written authorization on file) can file a grievance with:

- AmeriHealth Caritas New Hampshire Grievances  
P.O. Box 7389  
London, KY 40742-7389  
**1-833-704-1177 (TTY 1-855-534-6730)**
- You can also file a grievance by phone at **1-833-704-1177 (TTY 1-855-534-6730)**. If you need help filing a grievance, AmeriHealth Caritas New Hampshire Member Services is available to help you. You can contact Member Services 24 hours a day, seven days a week, at **1-833-704-1177 (TTY 1-855-534-6730)**.

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 (TDD 1-800-537-7697)**

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

## Multi-language interpreter services

English — Attention: If you speak English, language assistance services, free of charge, are available to you. Call **1-833-704-1177** (TTY **1-855-534-6730**).

Spanish — Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-704-1177** (TTY **1-855-534-6730**).

French — Attention : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-833-704-1177** (TTY **1-855-534-6730**).

Chinese — 注意: 如果您使用中文, 我们可为您提供免费语言援助服务。请致电 **1-833-704-1177** (TTY **1-855-534-6730**)。

Nepali — ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छन्। फोन गर्नुहोस्: **1-833-704-1177** (TTY **1-855-534-6730**)।

Vietnamese — Chú ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-833-704-1177** (TTY **1-855-534-6730**).

Portuguese — Atenção: Se você fala português, serviços de assistência linguística estão disponíveis gratuitamente. Ligue para **1-833-704-1177** (TTY **1-855-534-6730**).

Greek — Προσοχή: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-833-704-1177** (TTY **1-855-534-6730**).

Arabic — ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-833-704-1177** (TTY **1-855-534-6730**).

Serbo-Croatian — Pažnja: Ako govorite srpskohrvatski, besplatno su vam dostupne usluge jezičke pomoći. Nazovite **1-833-704-1177** (TTY **1-855-534-6730**).

Indonesian — Perhatian: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi **1-833-704-1177** (TTY **1-855-534-6730**).

Korean — 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-833-704-1177** (TTY **1-855-534-6730**)번으로 전화해 주십시오.

Russian — Внимание: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-833-704-1177** (TTY **1-855-534-6730**).

French Creole — Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-833-704-1177** (TTY **1-855-534-6730**).

Kirundi — Uragaba: Nimba uvuga Ikirundi, uzohabwa serivisi zigufasha mu ndimi ku buntu ata kiguzi. Terefona **1-833-704-1177** (TTY **1-855-534-6730**).

Polish — Uwaga: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-833-704-1177** (TTY **1-855-534-6730**).