



Town of Fairfield
Fairfield, Connecticut 06824
DENTAL CLINIC APPLICATION

Public Health Nursing
100 Mona Terrace

Telephone (203) 256-3150
Fax (203) 256-3172

To: Parent/Guardian

From: Town of Fairfield Director of Health

The Town of Fairfield Health Department provides teeth cleaning and topical fluoride treatments by a dental hygienist for all students meeting income guidelines. Additionally, limited funding for eligible students is available for care by participating dentists for problems such as cavities or tooth extractions. **For children with Husky or Medicaid (Title 19): The Town of Fairfield Health Department has been approved by the State of Connecticut as a Husky/Medicaid/Title 19 Provider. You MUST include your child's 9-Digit ID Number.**

If you wish to apply for cleaning, fluoride treatments, or dentist services for your child, complete the information below and **RETURN THIS FORM TO YOUR CHILD'S SCHOOL NURSE BY** _____.

ALL ITEMS MUST BE COMPLETED

Child's Name: _____			School: _____			Grade/Class: _____		
Address: _____						Phone #: _____		
Does child have a heart problem or other medical condition requiring antibiotics before dental work? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Check all that apply:			Child has:					
			<input type="checkbox"/> HUSKY Insurance # _____					
			<input type="checkbox"/> Medicaid (Title 19) # _____					
			<input type="checkbox"/> Private dental insurance					
			<input type="checkbox"/> None of the above					
Have you recently applied for Medicaid (Title 19) or HUSKY Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No								
You must provide income information and sign the permission statement below. You will be notified of your eligibility:								
			Family maximum annual adjusted gross income \$ _____					
			Number is household _____					
I give my permission for the above-named child to receive teeth cleaning and fluoride treatment by the dental hygienist in school if he/she is eligible for these services.								
Parent/Guardian Signature _____						Date: _____		
Daytime Telephone #: _____								