

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 dental screenings, teeth cleaning, and topical fluoride treatments by a dental hygienist for all students meeting income guidelines or that have CT Husky insurance. Additionally, limited funding is available for eligible students, to recieve dental care by participating dentists, for problems such as cavities.

For children with Connecticut Husky insurance: The Town of Fairfield Health Department has been approved by the State of Connecticut as a Husky dental provider. You <u>MUST</u> include your <u>child's 9-Digit Husky ID Number</u>.

If you wish to apply for a dental screening, cleaning, fluoride treatment, or dentist services for your child, complete the information below and RETURN THIS FORM TO YOUR CHILD'S SCHOOL NURSE.

ALL ITEMS MUST BE COMPLETED

Child's Name:	School:	Grade/Class:	
Address:	P}	Phone #:	
Does child have a medical condi	ition that would impact receiving dental t	treatment?	
Yes No If yes, p	lease explain:		
Charles II died and be Child			
Спеск ян тпат арріу: Спід	has: HUSKY Insurance# Private dental insurance None of the above		
Have you recently applied for (CT HUSKY or Medicaid Insurance?	Yes No	
If you do not have CT Husky or permission statement below. Yo	Medicaid insurance, you must provide iou will be notified of your eligibility:	income information and sign the	
Family maximum annu Number is household _	al adjusted gross income \$	· · · · · · · · · · · · · · · · · · ·	
I give my permission for the abo treatment by the dental hygienis	ove named child to receive a dental screen st in school if he/she is eligible for these so	ning, teeth cleaning and fluoride ervices.	
	•	Datas	
Parent/Guardian Signature _ Daytime Telephone #:		Date:	