



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 #: _____ | | |