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? ____ Yes _____ No

Check all that apply: Child has:

____ HUSKY Insurance # _____
____ Medicaid (Title 19) # _____
____ Private dental insurance
____ None of the above

Have you recently applied for Medicaid (Title 19) or HUSKY Insurance? _____ Yes _____ 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 #: _____