Town of Fairfield
Fairfield, Connecticut 06824

School Dental Health Program Application

Health Department
725 Old Post Road

Telephone (203) 255-3120
Fax (203) 256-3172

The Town of Fairfield Health Department's Dental Program, provides dental cleanings, screenings, caries risk assessments, and topical fluoride treatments, by the dental hygienist in our schools. The program is open to students that have CT Husky Insurance, or that qualify for family income guidelines. Additionally, limited funding is available for eligible, uninsured students, for care by participating dentists, including cavity detecting x-rays, examinations, and the restoration of 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 MUST include your child's 9-Digit Husky ID Number.

If you wish to apply for a dental cleaning, screening, caries risk assessment, fluoride treatment, and/or dentist services for your child, please copy this form, complete the information below, scan it, and return it as soon as possible by email to: wkovacs@fairfieldct.org or, you may send a copy of the completed form to your child's school nurse.

Child's Name:_____ School: _____ Grade/Class:_____

Address:_____Phone #:_____

Does child have a medical condition that would impact receiving dental treatment? Type X to yes or no:

____ Yes _____ No If yes, please explain: _____

_____

Type X to all that apply: Child has:

____ HUSKY Insurance # _____
____ Private dental insurance
____ None of the above

Have you recently applied for CT HUSKY or Medicaid Insurance? _____ Yes _____ No

If your child does not have Husky insurance, 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 a dental screening, 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 # _____