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 available to students, that have Husky insurance, or that qualify for family income guidelines. Additionally, limited funding for eligible, uninsured students, is available for care by participating dentists, including cavity detecting x-rays, examinations, and cavity restoration.

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 screening, cleaning, fluoride treatment, and/or dentist services for your child, **Please complete this form and return it to your child's school nurse as soon as possible.**

ALL ITEMS MUST BE COMPLETED

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

Address:_____Phone #:_____

Does child have a medical condition that would impact receiving dental treatment?

____ Yes _____ No If yes, please explain: _____

_____

Check 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 # : _____