



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 receive 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 MUST include your child's 9-Digit Husky ID Number.

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: _____ **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 you do not have CT Husky or Medicaid 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 #: _____