



**Town of Fairfield**  
Fairfield, Connecticut 06824  
Dental Program 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 oral health screenings, teeth cleaning, topical fluoride treatments, and caries risk assessments by a Registered Dental Hygienist for all students meeting income guidelines, or that have CT Husky insurance. Additionally, limited funding is available for uninsured, eligible students, to receive cavity detecting x-rays and 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 dental services for your child, please complete the information below, and RETURN THIS FORM TO YOUR CHILD'S SCHOOL NURSE BY AS SOON AS POSSIBLE.**

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 the 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, fluoride treatment and caries risk assessment by the dental hygienist in school if he/she is eligible for these services.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_