



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 #: _____