



Northern Dental
ACCESS CENTER

Community Based Oral Health Program

Dear Parent/Guardian:

Did you know that how well you care for your child's teeth will affect his or her ability to learn and grow up healthy? Because dental care is so important, Northern Dental Access Center is offering a preventative oral health program for your child. Please take the time to review and complete this form.

Children enrolled in Minnesota Health Care Programs who meet income eligibility guidelines and/or who do not already have a dental home are welcome to participate.

THIS PROGRAM INCLUDES:

- Oral Health Instruction
- Dental Assessment/Screening
- Cleaning
- Sealants (if needed)
- Fluoride Treatment
- Toothbrush, Toothpaste, Floss

IF YOU CHILD IS IN SCHOOL

What school does your child attend? _____

What grade is your child in? _____ Teacher's Name: _____ Room Number _____

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL BY _____

Northern Dental Access Center currently accepts patients enrolled in Minnesota Health Care Programs and those who are uninsured. If you do not have a dentist for your child and/or have questions about eligibility guidelines please call Northern Dental Access Center (218)444-9646 or Toll Free: 888-678-3033.

ELIGIBILITY

Has your child ever been to a dental office for treatment? (circle) YES NO

If answered yes to above WHEN was their last appointment? (circle) within 1 year over 1 year ago

If answered yes to above WHERE was their appointment? _____

If answered yes to above do you plan on keeping that office as your dental clinic? _____

Does your child have private dental insurance? (circle) YES NO

Does your child have Medical Assistance or Minnesota Care? (circle) YES NO

If answered yes to above LIST YOUR CHILD'S MEMBER ID NUMBER _____

Is your household currently enrolled/receiving (check all that apply):
___ Energy assistance ___ MAC/NAPS food commodities
___ Day care subsidy ___ Head Start Program

PLEASE TURN FORM OVER TO CONTINUE

For office use only: _____

