

Child Dental Program Application
**All Children must be accompanied by a parent/legal guardian
at the first visit.**

You must be able to check each box below to qualify for services:

- Your child lives in Knox County, Waldoboro, or Lincolnville
- Your family's earnings are at or below 200% of federal poverty guidelines (*see next page*)
- Your child does NOT have private dental insurance (excluding MaineCare)
- The child is 17 years old or younger? (*Please fill out an adult application for those over 17.*)

Child Patient Information

Patient Name: _____ Birth Date: _____
Parent/Guardian Name: _____ Birth Date: _____
Street Address: _____ Town: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Alternate contact name and phone number: _____
Parent/Guardian email: _____

Dental & Medical Health Information

Child's Physician: _____ Physician Phone #: _____
Please list any serious medical problems that your child has had: _____

Estimated date of last dental visit: _____ Former dentist(s): _____

What are your primary concerns regarding your child's dental health? Please explain: _____

Please bring a list of your child's medications with you to their first appointment.

Insurance & Income Information

Does your child have MaineCare? Yes No

If Yes, what is their MaineCare ID #? _____ If No, please fill out the following:

Amount of gross monthly income (before deductions): \$ _____

of people in your household (those you are financially responsible for, not roommates): _____

*Proof of income is required if the child **does not have MaineCare** (1-month pay stubs or current tax return).*

Our appointment fees if the child does not have MaineCare:

- \$5 Hygiene (cleaning) appointments for ages 0-12 whose household income is under 200% federal poverty guidelines (fpg) (see next page)
- \$20 Hygiene appointments for ages 13 and up whose household income is under 100% fpg
- \$40 Hygiene appointments for ages 13 and up whose household income is between 101 to 200% fpg
- \$10 Exam by dentist, all patients up to 200% fpg
- \$40 Restoration appointment (fillings, extractions etc.), all patients up to 200% fpg

If your child is 12 or younger your application fee is \$5. If your child is 13 or older see the chart below for what fee to provide with the application. *Your application fee will cover your child's first visit.*

Fee	Federal Poverty Guidelines	Monthly Income per # Living in Household					
		1	2	3	4	5	6
\$20	100%	\$1,073	\$1,452	\$1,830	\$2,208	\$2,587	\$2,965
\$40	200%	\$2,147	\$2,903	\$3,660	\$4,417	\$5,173	\$5,930

Knox Clinic Dental Program Guidelines, Expectations, & Consent – Please Read Carefully and Sign Below

- Priority is given to those who need dental care for pain and infection control, and to children who have been unable to receive dental care previously. There is often a wait for services.
- The fee charged per visit is based on your gross household income. The fees must be paid before your visit to receive service. To make a credit card payment please call 207-593-1699.
- We provide exams, cleanings, sealants, fillings, partials, some dentures or partials, simple extractions, and most x-rays. Crowns, bridges, root canals, oral appliances, and extensive periodontal work will not be provided.
- Parent/Guardian proof of income must be provided with the completed application, such as copies of pay stubs, SSI statements, or tax returns, unless the **child has MaineCare/CubCare**.
- **You must cancel your child's appointment at least 24 hours in advance. If you do not cancel their appointment with 24 hours notice they will be dismissed from the program and lose their copay.**
There are a lot of people in need of dental care, so we must enforce this. Please keep your appointments!
- If my child has any health/dental changes, I will inform the dental staff at the next appointment.
- I am responsible for my own dental care. It is my responsibility to contact the office to schedule my appointments. I understand my child must re-qualify for services every year to continue in the dental program.
- To the best of my knowledge, all of the above answers and information provided are true and correct.

Signature of Parent/Guardian

Date

****In order to schedule an appointment, please mail completed application with proof of income (or MaineCare #) & fee to the MAILING address at the top of this application****

Please call our office at 207-593-1699 with any questions, thank you

****CLINIC USE ONLY****

Fee collected: ___ \$5 ___ \$20 ___ \$40 _____

Signature of Clinic Staff / Date

Revised November 2022