Name	Birthdate	Relationship to patient	Gross income for 3 months prior to date(s) of service*	Gross income for 12 months prior to date(s) of service*
(Patient)		Self	$	$
			$	$
			$	$
			$	$
Total persons in family:		Total family income:	$	$

By my signature below, I certify that everything I have stated on this application and any attachments is true.

Signature of applicant: x_____ Date: / /

Voucher of Unemployment and/or Zero Income for Dental Clinic Application

(to be completed only if total family income reported is zero)

I, _____ have not been employed and have received no income from / / to / / . I did not collect unemployment compensation during this period.

Following is an explanation of how I pay for my living expenses (rent, utilities, food, etc.) **Do not list your bills.** *This information is required.*

Signature: x_____ Date: / /

Eligibility Determination (For office use only)

The applicant is approved: % Assistance for Licking Memorial Dental Clinic for Children services.

Determination is valid for dental services through:

The applicant is denied: Reason(s)

Applicant notified on:

Approved by: Date: / /

Please return completed application to:

Licking Memorial Dental Clinic for Children
Keith A. Wing, Matthew P. Mack, Christopher R. Smith and Robert L. Bang, D.D.S.
1420 Dickerson Street, Newark, Ohio 43055

Dental Clinic for Children

Licking Memorial Hospital

www.LMHealth.org

1900-5000
08/28/2017

Licking Memorial Hospital

Dental Clinic for Children

Licking Memorial Dental Clinic for Children

The Program

In partnership with the Licking County Foundation, Licking Memorial Hospital (LMH) offers a dental clinic to serve uninsured, low-income children in Licking County. The Licking Memorial Dental Clinic for Children is set up in the dental practice of Keith A. Wing, Matthew P. Mack, Christopher R. Smith and Robert L. Bang, D.D.S., located at 1420 Dickerson Street in Newark. The Licking County Foundation has contributed toward the costs of services, supplies and office space.

Who Is Eligible?

- Uninsured children who are eligible shall meet the guidelines outlined in the Licking Memorial Dental Clinic for Children application (attached).
- Children who are covered by an Ohio Medicaid Managed Care Plan are automatically eligible, and completion of the application is not necessary. Call (740) 344-7653 to schedule an appointment.

How to Apply for Assistance

- Complete the application.
- Submit the application to the dentist's office.
- The office will contact the patient and schedule an appointment, if eligible.

Prior to scheduling an appointment, please complete the Licking Memorial Dental Clinic for Children application on the attached page and return it to:

Licking Memorial Dental Clinic for Children
Keith A. Wing, Matthew P. Mack, Christopher R. Smith and Robert L. Bang, D.D.S.
1420 Dickerson Street
Newark, Ohio 43055

If you have any questions or need assistance in completing the application, please call the Licking Memorial Dental Clinic for Children at (740) 344-7653.

Income:

You must provide the amount of your family's total gross income for the three months or twelve months immediately prior to the date(s)-of-service for which you are requesting assistance. This must include income for all members of the immediate family living in the household. You must write the total gross income in the space provided on the application. Additional documentation of income is not required to be returned with the application. However, you are responsible to maintain supporting documentation of the income reported. In the event of an audit, you will be required to produce acceptable documentation.

Examples of acceptable income verification include:

- Check stubs for the three months or twelve months prior to the date-of-service.
- Documentation of Social Security, unemployment compensation, alimony, child support or pensions. If you do not have documentation to support these income sources, you should contact the issuing office to request a statement of income for the appropriate time period. If an employer's statement of gross income is used, it must be signed and dated by the employer and must be printed on company letterhead. Self-employed applicants must provide gross income, less reasonable business expenses. Personal expenses are not permitted. In the event of an audit, acceptable income verification includes Tax Schedule C.
- If you earned $0 income for the three months or twelve months prior to the date(s)-of-service, provide a brief explanation on the back of the application or on an attached sheet. Your explanation must include the beginning and ending dates of the period in which your family earned $0 income (3 or 12 months prior to the services for which you are applying for assistance).

Family:

For the Dental Clinic Program, "family" is defined as the patient, patient's parents and patient's siblings (under the age of 18, natural or adoptive) living in the patient's home.

To be eligible for the Dental Clinic Program:

- You must be a Licking County resident.
- Your household income must not exceed 250% of the federal poverty income guidelines.
- Patient must be under the age of 18.
- Cannot be eligible for Medicaid or covered by dental insurance.
- Patients covered by an Ohio Medicaid Managed Care Plan are automatically eligible.

Licking Memorial Dental Clinic for Children Application

Patient name: _____ Date of application: / /

Applicant name: _____

Please answer the following questions as they apply to the patient:

Parent's name: _____

Parent's Social Security number: ____ – ____ – ____

Street: _____ County: _____

City: _____ State: ____ Zip: ____ Telephone: _____

- Are you a Licking County resident? ◯ Yes ◯ No
- Are you an active Medicaid recipient? ◯ Yes ◯ No
  If yes, provide Medicaid recipient ID number: _____
- Do you have coverage through an Ohio Medicaid Managed Care Plan? ◯ Yes ◯ No
- Are you an active recipient of Disability Assistance (DA)? ◯ Yes ◯ No
  (If yes, please attach a copy of your current DA card.)
- Do you have dental insurance, other than medical? ◯ Yes ◯ No

How did you find out about the Licking Memorial Dental Clinic for Children?

Please complete the back of this application by providing information for all of the people in your immediate family who live in your home. For these purposes, "family" is defined as the patient, patient's parents and patient's siblings (under the age of 18, natural or adoptive) living in the patient's home. **Provide gross income for all family members for the 3 months prior or 12 months prior to the date(s) of service.**

**Eligibility is based upon* gross income. *If you reported $0 income, provide a brief explanation on this form or on an attached sheet. Your explanation should include the beginning and ending dates of the period in which your family earned $0 income (3 or 12 months prior to the services for which you are applying for assistance).*