



This packet of information must be completed in full in order to be considered for the free Dental care on the United Way's Dental Day of Action.

Return this packet to the United Way's office by Wednesday, May 27 at 4:00 p.m. Applications received after that time will not be considered for the program.

You must also include the following documents:

- Copy of your 2008 Federal and State Income Tax Return
- Copy of your past 2 paycheck stubs or letter from employer stating employment status and total amount of past two paychecks.
- Copy of drivers license or photo id showing proof of residency
- Proof of Social Security, SSI, Pension or Disability information if applicable
- Proof of Child Support amounts if applicable
- Any other proof of income
- The attached Dental Registration and History Form – **MUST INCLUDE THIS**

You may also include a cover letter explaining any special or extraordinary circumstances.

Applicants that are approved based upon financial screenings will advance to a medical screening. Medical screening will take place on Wednesday, June 3. If you are chosen for the medical screening you will be contacted by phone and provided a time.

If you are cleared for the medical screening and approved for dental care you will assigned a physician. All appointments will take place the week of June 15-19. If you need transportation assistance to and from the medical screening or dental appointment please be sure and notify the United Way office.

This is a free service to you and made possible because of the generosity of the dentist in Jefferson County, however the United Way and the dentists providing the care expect you to keep your appointments. **If you must cancel for any reason there will not be an opportunity to reschedule.**

Information on post care will be provided to you at the time of your appointment if you are chosen for care.

Only tooth extractions or fillings will be performed. If you require more extensive care such as dentures, root canals, caps, etc... we will not be able to assist you in this program. Cleanings will not be performed.

Finally, this program is made possible because of the coordination efforts of the United Way of South Central Illinois in partnership with local Jefferson County dentists. We ask that whenever possible you or your family support the United Way so that we can continue to bring valuable programs such as this to our community.

Live United.



Financial Assistance Worksheet

PO Box 711, 123 S 10th Street, Mt. Vernon, IL 62864

Client: _____ Birth Date _____ Age _____

Number of persons in the family _____	Family ethnic background (circle one):
Are you a dependent of someone else? _____ The # of people that are your dependents. _____	White Black Hispanic Asian Other Multi
Ages and gender of each family member including yourself:	
Family Member #1 Age _____ Gender _____	Family Member #4 Age _____ Gender _____
Family Member #2 Age _____ Gender _____	Family Member #5 Age _____ Gender _____
Family Member #3 Age _____ Gender _____	Family Member #6 Age _____ Gender _____
Entire Household Income Level (check one) <input type="checkbox"/> under \$20K <input type="checkbox"/> \$20K - \$30K <input type="checkbox"/> \$30K - \$40K <input type="checkbox"/> \$40K+	Employer or Past Previous Employer if unemployed: _____
Current Work Phone Number: _____	
Do you qualify for Medicaid or Public Aid? YES NO	Do you qualify for Medicare? YES NO
Do you qualify for TANF? YES NO	Are you covered under dental insurance? YES NO
Are you covered under health insurance? YES NO	If yes you must attach copies of health insurance card that contains the name, address, phone number, plan and policy numbers.
Have you seen a dentist in the past 3 years? If so who? _____	

Reason For Assistance: _____

INCOME:

From Employment: \$ _____

Social Security: \$ _____

SSI: \$ _____

Unemployment \$ _____

Child Support \$ _____

Other: \$ _____

HEALTH: answer yes or no to the following questions

I am on Coumadin or blood thinners: _____

I have had a total hip/knee replacement surgery:

I have had a heart bypass surgery in the past 2 years: _____

Is transportation to and from the screenings and doctors appointments necessary? _____