



Caring Hands Worldwide

Dental Assistance Application

Name of Applicant:			Contact Phone:
Street	City	State	Zip
Number of people living in household: 1 2 3 4 5 6 7 8 9 10 10+	Current Dental Insurance: Yes No		

Monthly Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tip, ect.				
Social Security, pension, annuity, veteran's benefits				
Alimony, child support, military, family support				
Self-employment				
Rent, interest, dividend, and other income				
TOTAL INCOME				

Please provide Proof of Income with application, examples listed below:

three most recent pay stubs, social security benefits, if no income letter signed by case worker or person providing shelter, IRS letter, or prior year tax return, if questions call Randy Meyer at 541-937-2786.

Identification Verification needed at time of appointment

Driver's license, employee ID, or other photo I.D. with your name on the card

I certify that the information shown above is correct and understand copies of income verification is required for approval.

Signature

Date

Caring Hands Worldwide provides free dental care to people below 150% of the federal poverty level with no dental insurance. See back for income requirements.

Please return to CHW; P.O. Box 459; Lowell, OR 97452 or Fax: (541)-937-4206 or
Send email to Randy Meyer: randym@hfdg.com Donated services are limited to \$500 per person.