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.