



**Town of Fairfield**  
Fairfield, Connecticut 06824  
***DENTAL CLINIC APPLICATION***

Public Health Nursing  
100 Mona Terrace

Telephone (203) 256-3150  
Fax (203) 256-3172

To: Parent/Guardian  
From: Town of Fairfield Director of Health

The Town of Fairfield Health Department provides dental screenings, teeth cleaning, and topical fluoride treatments by a dental hygienist for all students meeting income guidelines. Additionally, limited funding for eligible students is available for care by participating dentists, for problems such as cavities.

**For children with Connecticut Husky insurance: The Town of Fairfield Health Department has been approved by the State of Connecticut as a Husky dental provider. You MUST include your child's 9-Digit ID Number.**

**If you wish to apply** for a dental screening, cleaning, fluoride treatment, or dentist services for your child, complete the information below **and RETURN THIS FORM TO YOUR CHILD'S SCHOOL NURSE BY \_\_\_\_\_.**

**ALL ITEMS MUST BE COMPLETED**

Child's Name: _____		School: _____		Grade/Class: _____	
Address: _____			Phone #: _____		
Does child have a medical condition requiring that would impact receiving dental treatment?					
___ Yes		___ No		If yes, please explain: _____	
Check all that apply:		Child has: _____			
		___ HUSKY Insurance # _____			
		___ Private dental insurance			
		___ None of the above			
Have you recently applied for Medicaid (Title 19) or HUSKY Insurance?    ___ Yes    ___ No					
If you do not have Husky insurance, you must provide income information and sign the permission statement below. You will be notified of your eligibility:					
Family maximum annual adjusted gross income		\$ _____			
Number is household		_____			
I give my permission for the above-named child to receive a dental screening, teeth cleaning and fluoride treatment by the dental hygienist in school if he/she is eligible for these services.					
Parent/Guardian Signature _____				Date: _____	
Daytime Telephone #: _____					