

DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES
 DENTAL SECTION
 PATIENT PRIORITIZATION
 CERTIFICATION

HEAD OF HOUSEHOLD (PARENT OR GUARDIAN)

TOTAL INCOME IN U.S. DOLLARS FROM ALL THOSE WHO SUPPORT THE CHILD OR DECLARE THE CHILD AS A DEPENDENT ON THE PREVIOUS YEAR'S INCOME TAX RETURN (INCLUDE ALL INCOME FROM WAGES, RETIREMENT BENEFITS, PENSIONS, CHILD SUPPORT, ALIMONY, ETC. FOR ALL HOUSEHOLD MEMBERS)

Name	Employer/Source of Income	Gross Monthly or Annual Income
1. _____		
2. _____		
3. _____		

TOTAL FAMILY MEMBERS-THE SAME NUMBER DECLARED ON PREVIOUS YEAR'S INCOME TAX RETURN

Name	SSN	DOB	Citizenship	Relationship
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				

Signature _____ Date _____
 WITH MY SIGNATURE I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

FOR OFFICIAL USE ONLY:

- [] MEDICAID [] MIP [] FOOD STAMPS [] WIC [] FIRST TIME EMERGENCY
 [] DENTAL INSURANCE [] MILITARY [] INCOME MEETS GUIDELINES

PUBLIC HEALTH DENTAL CLINIC ELIGIBILITY POLICY

1.The purpose of this policy is to implement clinic eligibility criteria based on 200% of the State of Hawaii's poverty income guidelines in order to prioritize patients such that patients with low incomes, and who do not possess dental insurance, are given high priority. Refer to attached income guidelines.

2.Patients, with incomes above the guidelines, will be referred to private providers.

3.All patients with private dental insurance will be referred to private providers, even if they meet the income criteria. If unable to access care, these patients will be instructed to seek assistance from their respective insurance company.

4.Patients requiring services beyond that provided by the Public Health Clinic will be referred to private providers, and these patients will be responsible for payment of such services.

5.Patients who are referred to private providers, and who may be eligible for Medicaid or MIP will be instructed to seek assistance from the Medicaid/MIP program.

6.Patients with dental emergencies/walk-ins will be asked to disclose their income and insurance coverage. Patients with dental emergencies will be referred to private providers if they do not meet the eligibility requirements. Walk-in patients, who claim to meet the eligibility requirement, will be seen that day regardless of whether they possess proof of income or not; however, proof of income will be required for any subsequent visit.

7.Dental preventive services (i.e., sealants and health education) through our school-busing program will continue to be provided to all eligible children regardless of income or insurance coverage and are excluded from these eligibility requirements.

8.Acceptable proof of income includes the last 2 months pay stubs from each parent or legal guardian who support the child and a copy of the most recent income tax form filed from each parent or legal guardian showing the child as a dependant.

2002 DENTAL SECTION ELIGIBILITY GUIDELINES		
FAMILY SIZE	GROSS MONTHLY INCOME	GROSS ANNUAL INCOME
1	\$1,700	\$20,400
2	\$2,290	\$27,480
3	\$2,880	\$34,560
4	\$3,470	\$41,640
5	\$4,060	\$48,720
6	\$4,650	\$55,800
7	\$5,240	\$62,880
8	\$5,830	\$69,960

FAMILY UNITS WITH MORE THAN 8 MEMBERS, ADD \$7,080 FOR EACH ADDITIONAL MEMBER PER ANNUM.