

VCH PUBLIC HEALTH DENTISTRY CLINIC PATIENT ELIGIBILITY APPLICATION FORM

PART I – ELIGIBILITY CRITERIA

To be eligible you **must**:

- Reside in Vancouver Coastal Health Region.
- Have dependent child(ren) 12 or under.
- Meet financial criteria.

PART II – DENTAL INSURANCE COVERAGE

Does your child currently have any of the following dental programs or insurance plans (select all that apply)?

Program	Yes	No	Don't Know
First Nations Health Authority Dental Benefit			
Canadian Dental Care Plan			
British Columbia Health Kids Program			
MCFD Children in Care Medical Benefits Program			
Interim Federal Health			
Private Dental Insurance			

PART III – PARENT/GUARDIAN INFORMATION (Please Print)

Last Name	First Name	Middle Name
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Telephone Number	Daytime Telephone Number
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Home Address

Street: _____ Apartment #: _____ City: _____

Province: _____ Postal Code: _____

E-mail address: _____

Consent to text: ☐ Yes ☐ No

Consent to use e-mail: ☐ Yes ☐ No

Identification: Parent/Guardian must provide one piece of Photo ID

☐ Driver's License ☐ Passport ☐ Other: _____

A copy of the Photo ID must be provided with this application and an original must be presented at first appointment.

Address Confirmation: Reside in Vancouver Coastal Health Region. Minimum of ONE must be provided

☐ Driver's License ☐ Utility Bill ☐ Bank Statement

☐ Other: _____
A copy of one of the above must be provided with this application and an original must be presented at first appointment.

PART IV – DEPENDENT INFORMATION (Please Print)

Dependents: Eligibility for ongoing care in dental clinic is restricted to children 12 years old and under.

Please attach copy of your child's **BC Services Card / Care Card** for each eligible child listed below. If not available, copy of identification for each child. If more space is required, please attach a separate sheet.

Child's Legal Name	Date of Birth (Day/Month/Year)	Sex as listed on BC Services Card	BC Services Card Number	Does your child have any dental pain (Yes or No)

PART V – TOTAL ANNUAL NET INCOME

Please provide a copy of your most recent Income Tax return(s), Canadian Revenue Notice of Assessment(s) or GST Credit for parent/guardian (and spouse or common-law partner if applicable).

Do you have a Notice of Assessment?

☐ Yes (fill in **Section A**) ☐ No (fill in **Section B**)

Section A (Notice of Assessment)

Use Line 236 on the Notice of Assessment for you and your spouse/common law partner's income

Your income (line 236)		Your Spouse/common law partner's income (line 236)		Combined Monthly Household Income
\$	+	\$	=	\$

Send/bring a copy of your Notice of Assessment for you and your spouse with this form

Section B (**No** Notice of Assessment)

Fill out the table below using your income for the last 3 months.

Include all sources of income for you and your spouse or common law partner (if applicable), in or outside of Canada

Last 3 Months	Your income		Your Spouse/common law partner's income		Combined Monthly Household Income
	\$	+	\$	=	\$
	\$	+	\$	=	\$
	\$	+	\$	=	\$

Send/bring a copy of proof of Income for you and your spouse/common law partner with this form.

Proof of income includes Employment insurance statements or stubs, bank statements, letter from an employer etc.

PART VI – DECLARATION AND CONSENT

I/We declare that the information provided on this application is accurate and true to the best of my/our knowledge.
I/We understand that giving false or incomplete information may result in termination or suspension of service.
I/We understand that this information will be used to determine eligibility for dental services.
I/We understand that Public Dental Plan (eg. Healthy Kids Plan) eligibility may change and coverage will be confirmed.
I/We understand the Vancouver Public Health Dental Program does not bill private dental insurance plans.
I/We understand that eligibility will be confirmed annually.
I/We understand there is a short notice cancellation/broken appointment fee of \$25 that may be charged.

Name of Applicant (please print)	Name of Spouse/Common-law partner if applicable (please print)
Signature of Applicant	Signature of Spouse/Common-law partner (if applicable)
Date	Date

IS YOUR DENTAL PROGRAM APPLICATION COMPLETE? Please provide a copy of the following documents:

- ☐ **PUBLIC HEALTH DENTAL PROGRAM PATIENT ELIGIBILITY APPLICATION FORM**
- ☐ **Parent or Legal Guardian's Photo Identification**
(Examples: Driver's License, BCID, or Passport; if Legal Guardian, please also provide Court Order)
- ☐ **Address Confirmation** – One piece of identification with the current address
(Examples: Driver's License, Utility Bill, or Bank Statement)
- ☐ **Dependent(s) BC Services Card / Care Card** – Copy of both sides for each child. If not available, copy of identification for each child
(Examples: Birth Certificate, Passport, Status Card or Permanent Resident Card)
- ☐ **Annual Family Net Income from CRA – Parent/Guardian (and spouse or common-law partner, if applicable)**
(Examples: Most recent Notice of Assessment(s), GST/HST Credit or Canada Child Benefit notice)

Please e-mail, fax, mail or drop off the forms in person:

- ☐ Vancouver Community Public Health Dental Program
Robert and Lily Lee Family Community Health Centre
#210 – 1669 East Broadway
Vancouver, BC V5N 1V9
- ☐ E-mail: dentalhealth@vch.ca
- ☐ Facsimile: 604-872-0108

Once your application has been reviewed, you will be contacted regarding your eligibility.
If eligible, a new patient appointment will be scheduled.