





Dental Program

The RFWF Dental Assistance Program serves people living within the Plateau area. The Plateau is considered Enumclaw and the surrounding areas of Black Diamond, Buckley, Carbonado, Cumberland, Greenwater, South Prairie & Wilkeson.

Date _____

Client Information:

Last Name _____ First Name _____

Address _____

City _____ Zip _____

Date of Birth _____ Phone # _____

Email Address _____

Have you served in the Military?	Yes	No
Have you received dental assistance from us before? (Dental Van)	Yes	No
If yes, when?		
Do you need transportation assistance for the appointment?	Yes	No
Do you have dental insurance?	Yes	No
Do you have Medicaid?	Yes	No
What is your household income before taxes (must be under the 200% Federal Poverty Level shown below)		

2017 FEDERAL Poverty Guidelines				
Size of Family	Gross Annual Family Income	200% of Gross Annual Family Income	Gross Monthly Income & 200%	Approx. Hourly Income & 200%
1	\$12,060	\$24,120	\$1,005-\$2,010	\$5.80 - \$11.60
2	\$16,240	\$32,480	\$1,353 - \$2,707	\$7.81 - \$15.62
3	\$20,420	\$40,840	\$1,702 - \$3,403	\$9.82 - \$19.63
4	\$24,600	\$49,200	\$2,050 - \$4,100	\$11.83 - \$23.65
5	\$28,780	\$57,560	\$2,398 - \$4,797	\$13.84 - \$27.67
6	\$32,960	\$65,920	\$2,747 - \$5,493	\$15.85 - \$31.69
7	\$37,140	\$74,280	\$3,095 - \$6,190	\$17.86 - \$35.71
8	\$41,320	\$82,640	\$3,443 - \$6,887	\$19.87 - \$39.73
Add for each additional	+4,180	+8,360	+348 - \$697	+\$2.01 - \$4.02

Level of Urgency Questions:

1. Describe your problem (Trauma? Bleeding? Holes? Brown or black color? Broken teeth or stumps?)

2. RE: Possible Infection/Abscessed Tooth: (circle all that apply)

- Do you have swelling of the face or neck? Large swelling by the tooth? Fever? Redness? Puss drainage around the tooth? Gum Boil?
- Are you losing sleep because of the pain? _____ Is it waking you up at night? _____
- Have you been to the doctor or emergency room for antibiotics/pain medication? _____

3. RE: Pain:

- On a scale of 1 to 10, how badly does your tooth hurt? _____
- What makes your tooth hurt: (circle all that apply) Cold? Hot? Sweets? Chewing on it?
- Is the pain being controlled by over-the-counter medications such as Advil, Tylenol, Ambelsol, Orajel, clove oil, temporary filling material? _____

I understand that if I am negligent and do not show up to the scheduled appointment, I render my eligibility to participate in the RFWF sponsored Dental Assistance Program.

Signature _____ Date _____

The Dental Assistance Program is for low-income patients who have a serious dental problem (such as pain or an abscessed or broken tooth) and no dental insurance (private or Medicaid coverage) or the financial means to pay for care at this time.

I hereby accept these terms and authorize dental services and/or procedures that the dentist in his or her professional judgement are appropriate and necessary. This includes, but is not limited to the administration of local anesthesia and may include, if necessary, the extraction teeth. I understand the dentist providing care has not promised on-going dental care for me and has not assumed responsibility for ongoing dental care/treatment.

Signature _____ Date _____