

Arizona Dental Foundation • 480-344-5777/800-866-2732



Your child received an oral health screening by the school nurse and requires dental care. Volunteer dentists will be providing free treatment on _____ at _____ phone # _____.

- The school nurse will make all transportation arrangements.
- You are responsible for transporting your child.

Please complete and sign the attached materials and return to the school nurse by _____. If you have any questions regarding the free *Give Kids a Smile Day* program, please contact the school nurse.

Student Name: _____ Date of Birth: _____

Address: _____

City/Zip: _____ Phone: _____

Last dental visit:

- A previous Give Kids a Smile! Day
- Within The Past Year
- 1-3 Years Ago
- More than 3 Years Ago
- Don't Know
- Never

Does your child have a current dentist? ____ Yes ____ No

If yes, name of dentist: _____

Does your child have dental insurance, AHCCCS or KidsCare? ____ Yes ____ No

If yes, name of company: _____

If no, have you previously applied for AHCCCS or KidsCare? ____ Yes ____ No

What is your annual household income?

- Under \$10,000
- \$10,001-\$20,000
- \$20,001-\$30,000
- \$30,001-\$40,000
- \$40,001-\$50,000
- \$50,001 and above

How many people, including all adults and children, live in your home?

- 2-3
- 4-5
- 6-7
- 8-9
- more than 10

Parent (Guardian) Name: _____

Because ADF recognizes "no child left behind", we will accept children of all nationalities and ethnicities. The information collected here is for research purposes only. However, this program is designed for children ages 6-12 who are experiencing oral pain, do not qualify for AHCCCS and cannot afford dental insurance.