DENTAL CLINIC

834 N. Columbia Street, Covington, LA 70433
985-871-3939

Dear Applicant,

Please read the following carefully. Any applications missing information and/or documentation **will not be processed**.

The CFB Dental Clinic is a non-profit, **low fee** program that serves our local, low income community with their dental needs.

In order to maintain a low fee, we do not bill or offer a payment plan. We do not accept any form of insurance or Medicaid. Payment is due when the work is performed.

Documentation Required:

- Applicants must be gainfully employed, retired or disabled and provide a copy of 2 most recent pay stubs or a copy of their current benefits. Hand written letters of employment must be on company stationary with contact phone numbers.
- Copy of a photo I.D. with a local address
- Copy of your social security card or a federal document with the number printed on it (such as your benefits letter, Medicaid card or tax return)
- Proof of residency for St. Tammany, Tangipahoa or Washington Parish in the form of: utility, cable or landline phone bill or lease with the applicant's name on the bill. We will NOT accept junk mail or car insurance bills.

LETTERS OF ACCEPTANCE- Applications are processed every 2 weeks. Exceptions may be made for emergency services. Letters of acceptance are mailed out with an acceptance date. You will have 60 days from your acceptance date to call and schedule your New Patient Exam. Your New Patient Exam fee is $75.00. This is for a full set of X-rays, oral exam and treatment plan. If you do not show up for your New Patient exam, you will be dropped and can re-apply ONE TIME in 6 months.

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Your application **must** be complete and include **all documentation** to be processed.

COPIES PER APPLICANT:
___PHOTO ID
___SOCIAL SECURITY CARD or FEDERAL DOCUMENT W #
___PROOF OF RESIDENCY
___PROOF OF INCOME (and child support)

NAME____

ADDRESS____

CITY, STATE, ZIP____

HOME PHONE____________________________**CELL PHONE**____________________________

SOCIAL SECURITY #________-________-________ **DATE OF BIRTH**________________________

DRIVERS LICENSE/ID #____

EMPLOYER___________________________________**WORK PHONE #**________________________

 # OF WORKING HRS PER WEEK________________**WAGES PER HOUR**_____________________
AND/OR
RETIREMENT/DISABILTY BENEFITS PER MONTH____

DO YOU PAY/RECEIVE CHILD SUPPORT (circle if applicable)? AMOUNT PER MONTH_________

MARITAL STATUS (circle one) SINGLE MARRIED WIDOWED DIVORCED

PLEASE INCLUDE MY SPOUSE AS AN APPLICANT:

SPOUSE NAME____________________________**DATE OF BIRTH**______________

SOCIAL SECURITY # ______-______-_______ **CELL PHONE**_________________

DRIVERS LICENSE/ID #_________________________________

EMPLOYER_______________________________**WORK PHONE** ________________

SPOUSE WORKING HRS_______________**SPOUSE WAGES/SALARY**_________

AND/OR
RETIREMENT/DISABILTY BENEFITS PER MONTH________________________

CURRENT HOUSING (circle one) RENT HOME W/MORTGAGE HOME /PAID-OFF

PLEASE LIST ALL PEOPLE LIVING IN YOUR HOUSEHOLD. INCLUDE YOURSELF AND LIST CHILDREN LAST.

NAME	DOB	WEEKLY WORK HRS	RATE/SALARY

DO YOU OR ANY OTHER MEMBER ATTEND COLLEGE? YES / NO (circle one) IF YES,
 # OF HOURS PER WEEK______________YEARLY TUITION__________________________
NAME OF STUDENT________________________SCHOOL__________________________

DO YOU OR ANYONE IN YOUR FAMILY HAVE DENTAL INSURANCE? YES NO

LIVING EXPENSES/MONTHLY (if left blank, you will be denied)

RENT/MORTGAGE_______________________TOTAL UTILITIES_____________________________

PHONE BILL_______________________________MEDICAL________________________________

CHILD CARE______________________________GROCERIES_______________________________

CABLE__________________________________CAR INSURANCE___________________________

CREDIT CARDS___________________________HOME INSURANCE__________________________

CAR PAYMENT____

CURRENT DENTAL NEEDS
____
____
____
____

Administration only

Received date____________________LOA__________________LOD______________________

NPEX___________________________SCH A_________________SCH B____________________

TFI_______________________HH#_____________