



DENTAL PRESCREENING FORM

Date:	Referral Source (Name & Agency):	Referral Telephone:
Applicant Name:	Address:	Telephone:
Dentist & Last Visit:	Dental Need:	Acuity level:
Insurance: Medical: <input type="radio"/> YES <input type="radio"/> NO Dental: <input type="radio"/> YES <input type="radio"/> NO	Commercial Insurance, VA Benefits, Medicaid, Medicare, Other health coverage: <input type="radio"/> YES <input type="radio"/> NO If yes, what?	Medical Doctor & Site:
Annual Gross Income:	Family Size (dependents claimed on taxes):	Poverty Level (see table):
		Qualify for Programs? (circle) HCH Ryan White V.A. DDS Medicaid Voucher MOM DAD Other
Can Provide Proof of Income: <input type="radio"/> YES <input type="radio"/> NO	Proof of Income Documents (circle all that apply): Pay stubs SS/Retirement Letter W2 Tax Return Disability Letter SNAP Benefits Letter of Support Other	Referred To: Program or Provider Name/Site
Screener Name:		

FAX to 877-231-0196

2015 Federal Poverty Guidelines for the 48 Contiguous States & District of Columbia						
Percent Gross YEARLY Income						
Family Size	100%	125%	133%	150%	175%	200%
1	\$11,770	\$14,713	\$15,654	\$17,655	\$20,598	\$23,540
2	\$15,930	\$19,913	\$21,187	\$23,895	\$27,878	\$31,860
3	\$20,090	\$25,113	\$26,720	\$30,135	\$35,158	\$40,180
4	\$24,250	\$30,313	\$32,253	\$36,375	\$42,437	\$48,500
5	\$28,410	\$35,513	\$37,785	\$42,615	\$49,718	\$56,820
6	\$32,570	\$40,713	\$43,318	\$48,855	\$56,998	\$65,140
7	\$36,730	\$45,913	\$48,851	\$55,095	\$64,278	\$73,460
8	\$40,890	\$51,113	\$54,384	\$61,335	\$71,558	\$81,780

For families/households with more than 8 persons, add \$4,160 for each additional person. Source: <http://aspe.hhs.gov/poverty/15poverty.cfm>

ACUITY LEVEL

Acuity level 1	Severe pain	Abscess/Infection/Cellulitis	Significant Swelling	Urgent extraction
Acuity level 2	Pain	Substantial Decay	Mild Swelling	Bleeding gums
Acuity level 3	Mild Pain	Hot/Cold sensitivity	Single caries/Extractions	
Acuity level 4	No pain	Routine exam	Preventive services	

DENTAL PROGRAM QUALIFICATIONS

DONATED DENTAL SERVICES (DDS)

Service Area (check one)

Component 1 (Tidewater/Hampton Roads)

- Accomack and Northampton counties
- Norfolk
- Portsmouth
- Virginia Beach
- Chesapeake
- Suffolk and other cities within the area

Component 2 (Peninsula)

- Counties of Middlesex
- Mathews
- Gloucester
- York
- James City
- Charles City
- New Kent & cities within the area

Must meet ONE of the following requirements to qualify:

- Elderly (Over age 65) OR
- Permanently disabled (receiving SSI, SSDI, etc.) OR
- Being treated for a serious medical condition which necessitates dental care to improve the condition or treatment options (i.e. transplants, chemotherapy, uncontrolled diabetes)

Additionally, the applicant must meet ALL of the following criteria:

- Household income within 150% federal poverty guidelines AND
- No Dental Insurance AND
- Require comprehensive dental care (more than routine exam, cleaning or a few fillings) AND
- Have reliable transportation

WESTERN TIDEWATER DENTAL VOUCHER PROGRAM

Service Area (check one)

- Cities of Suffolk and Franklin
- Eastern half of Surry County: Surry, Dendron and Elberon
- Sussex County: Waverly and Wakefield
- Southampton County: Boykins, Newsoms, Courtland, Sedley and Ivor
- Isle of Wight County
- Gates County, North Carolina

Must meet the following requirements to qualify:

- Resident of Western Tidewater or Gates County (proof of residency) AND
- Adult(over age 18) AND
- Acute Dental Need AND
- Household income within 200% federal poverty guidelines AND
- No Dental Insurance AND
- Have reliable transportation

OTHER DENTAL PROGRAMS

- Health Care for the Homeless: <https://www.nhchc.org>
- Ryan White HIV/AIDS Program: <http://hab.hrsa.gov/abouthab/partfdental.html>
- Give Back a Smile - Domestic Violence: <http://www.aacd.com>
- Medicaid Emergency Dental for Adults: http://www.dmas.virginia.gov/Content_atchs/dnt/dnt-h4.pdf
- Medicaid/Pregnancy: <http://www.vaoralhealth.org/ORALHEALTHINVIRGINIA/Coverage/MedicaidDentalBenefitsandPregnancy.aspx>
- Veterans and Returning Service Members: http://www.va.gov/healthbenefits/news/va_offers_dental_insurance_program.asp and <http://www.va.gov/health/services/dental/patients.asp>