

# Total Action tap For Progress

into hope

Please fill out the Dental Health Initiative (DHI) application below. Also attach any necessary documents along with your application.

## Section 1: Client Information

**Name (First and Last):** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State and Zip:** \_\_\_\_\_

**How long have you lived at your current address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email (optional):** \_\_\_\_\_

## Section 2: Monthly Income and Expenses

**What is your monthly income?** \_\_\_\_\_

**How much is your rent per month?** \_\_\_\_\_

**How much do you pay in utilities per month?** \_\_\_\_\_

**How much do you spend on food per month?** \_\_\_\_\_

**Other monthly necessary expenses (please specify):** \_\_\_\_\_

Helping individuals and families achieve economic and personal independence through education, employment, affordable housing, and safe and healthy environments.

**Mailing Address:** P.O. Box 2868, Roanoke, VA, 24001-2868



### Section 3: Proof of Income

Please check all that apply and attach the documentation along with your application.

- Pay stubs
  - Tax document
  - Medicaid eligibility determination
  - Disability eligibility determination
  - SNAP eligibility determination
  - TANF eligibility determination
  - Determination from sliding-scale medical or dental service provider
  - Other income documentation (explain below):
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### Section 4: Procedure Needed

Please give a brief description of the procedure(s) needed. (Denture plates, Extractions, Caries, Other)

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Name of Dentist/Provider (**Important:** Please attach formal treatment plan)

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### Section 5: Please check the box that applies

Race:  American Indian

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

Other

How did you hear about us?

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Please complete the Dental Health Initiative (DHI) intake application and attach any necessary documentation. Once you have completed the form, return it by mail or in-person at the address below:

Sean Adkins  
Total Action for Progress  
302 2nd Street, SW  
Roanoke, VA 24011

After your application is submitted, you will need to make an appointment with a dentist of your choice to receive your treatment plan. Please sign your HIPAA form so that your treatment plan can be released to me for review. Once I receive your treatment plan, I will contact you to schedule an in-person appointment to discuss the DHI program, your application, and loan terms.

The maximum amount you can borrow is \$1,800. If your dental treatment plan is more than \$1,800, you will be responsible to pay the additional amount before TAP will disburse the loan. If you have any questions or concerns, please contact me at the number or e-mail address listed below. Thank you.

Sincerely,

Sean Adkins  
Community Financial Resources Coordinator  
(540) 283-4911  
Sean.adkins@tapintohope.org

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