

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): _____

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: _____

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

Mailing Address: 302 2nd Street, SW, Roanoke, Virginia 24011

Section 4: Procedure Needed

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

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

Section 5: Please check the boxes that apply

<p><u>Race</u></p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other</p>	<p><u>Housing Status</u></p> <p><input type="checkbox"/> Renting</p> <p><input type="checkbox"/> Own home</p> <p><u>Veteran Status</u></p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Non-Veteran</p>
<p><u>Ethnicity</u></p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p> <p><input type="checkbox"/> Other</p>	<p><u>How did you hear about us?:</u></p> <hr/>

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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:

Curtis Thompson

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 meeting to discuss the DHI program, your application, and the matched savings terms.

DHI will match each dollar you save toward your needed dental procedure. The maximum match is \$800. If your dental treatment plan is more than \$1,600, you will be responsible to pay the additional amount. If you have any questions or concerns, please contact me at the number or e-mail address listed below. Thank you.

Sincerely,

Curtis Thompson

Vice President of Financial Services

(540) 283-4915

curtis.thompson@tapintohope.org