



Delaware Technical & Community College
Dental Health Center
 333 Shipley Street
 Wilmington, DE 19801

THE DENTAL HEALTH CENTER'S FINANCIAL PROGRAMS

The Dental Health Center is pleased to announce that we are currently accepting applications for our new financial assistance program. The new program has four categories of eligibility. Each of the four categories requires payment of services based on a certain percentage of the fee schedule. These percentages are determined by using the annual household income and the number of people residing within the household.

We require the following to apply to financial programs:

- Proof of current annual household income from all persons living within the household
- Examples of the proof required are as follows;
 - A month's worth of recent pay stubs
 - A copy of the most recent federal tax forms and/or an official letter of benefits from Social security, Welfare or any other agency from which you are receiving monies.

You may apply for the program Monday through Thursday during the hours of 9:00- 11:00AM or 1:00 – 3:00PM. The application process only takes a few minutes and you will be told at that time under which category you are eligible. If you have any question please call (302)571-5364.

FOR OFFICE USE ONLY

Delaware Technical and Community College
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Date: _____
 Name: _____ SS# _____ Telephone _____
 Address: _____ City _____ State _____

Patient's Income _____	Disability SSDI/SSI _____
Other Family Income _____	Retirement/Pension/Social Security _____
Total Family Income _____	Tax return _____
Total Number in Household _____	Other _____

I certify that the above information is true and accurate to the best of my knowledge. I understand that this application is completed so that the DHC can evaluate my eligibility for services based on the established criteria on file in the DHC. If any information I provided proves to be inaccurate, I understand that the DHC may re-evaluate my financial status and take whatever action becomes appropriate.

I agree to adhere to all policies of the Dental Health Center while in treatment. All financial information will be re-evaluated annually. I understand that I am responsible for 100% of fees for emergency visits and all lab work (dentures, partials, crowns, etc.)

I understand that this application does not guarantee the availability of an appointment.

_____ Verifier's Signature	_____ Date	___ DHC1 – Charges 10% of fee schedule
		___ DHC2 – Charges 20% of fee schedule
		___ DHC3 – Charges 30% of fee schedule
_____ Applicant's Signature	_____ Date	___ DHC4 – Charger 50% of fee schedule