

The Fundy Dental Community project (FDCP) is a program in the Annapolis Valley developed to help patients in need gain control of their dental health. Local dentists will provide basic dental services at a significantly reduced cost to eligible patients that are motivated to change their current oral condition.

Patients are selected based on three criteria (motivation, dental need and financial constraints). A detailed application form must be submitted in full to Fundy Dental Centre. The Federal Low Income Levels are used to confirm true financial need, but patients must also have significant dental disease to be eligible for this program.

The three basic criteria to accept patients into the FDC program include:

1. **Personal Motivation.** A complete application form and personal statement must be submitted with all the necessary detail and supplemental information included
2. **Financial Considerations.** Applicants must submit information from current CRA Notice of Assessments (NOAs) that confirm true financial constraints that prevent appropriate preventative dental services
 - 2019 Federal Low income levels are used as a cut-off for treatment in this Program:

○ 1 person – \$25,338	○ 2 persons – \$31,544
○ 3 persons – \$38,780	○ 4 persons – \$47,084
○ 5 persons – \$53,402	○ 6+ persons – \$60,228
3. **Dental Needs.** Applicants must have significant dental disease that has a negative impact on their general health or employment status. For applicants requiring only minimal restorations or presenting with minor dental disease, education will be provided on how to reduce the risk of progression of their dental condition. Significant dental disease to confirm eligibility in the FDC program may include any of the following:
 - 8 or more teeth affected (multiple restorations required – anterior or posterior)
 - Multiple extractions necessary (teeth removed, based on decay or periodontal disease)
 - Missing or fractured anterior teeth that pose a barrier to employment

Patients that are accepted into the FDCP program will have a treatment plan developed to restore their mouth to a healthy condition. Appointments will be scheduled as in a typical dental practice setting; however, the cost of treatment will be based on a nominal fee per hour of dental service. Patients will be educated on how their dental health became an issue and will be shown how to maintain their healthy mouth for the future.

Patients have one year to complete this treatment and will be dismissed from the program once the presenting problems have been corrected. Subsequent dental treatment is the responsibility of the patient in a general practice setting.

Part 1 - PERSONAL INFORMATION

Birth date: _____ Health Card No. _____
 Name: _____ Address: _____
 Town: _____ Prov: _____ Postal Code: _____ email: _____
 Occupation: _____ Employer: _____
 Home Phone: _____ Work Phone: _____
 Parent / Guardian (if under 18) or Next of Kin: _____ Phone: _____
 Marital Status: _____ # of Family Members (adults & dependents): _____
 Family Doctor: _____ Town: _____
 Do you qualify for government assistance with dental care? Yes / No Social Assistance, NIHB, Veteran's Affairs
 Do you have Private Dental Insurance? Yes / No Can we send claims electronically for you? Yes / No
 Please provide details of your insurance plan to our receptionist, and if there is secondary coverage through a spouse

DENTAL HISTORY

What is your major dental complaint? _____
 Do you have a regular dentist? Yes / No Name: _____ Town: _____
 Can Fundy Dental Centre send clinical notes and x-rays from this visit to your dentist? Yes / No
 Do you seek regular preventative dental care? Yes / No Last Dental Visit Date: _____
 Have you had issues with dental treatment in the past? please explain _____
 Do visits to the dentist make you nervous? (circle one) Not at all / Somewhat / Moderate / Very / Extremely
 How did you hear about this office? Location / Website / Yellow Pages / Facebook / Twitter / Radio Ads
 Please circle one option Friend / Dentist / Doctor / ER / Social Services / FDC Program / Other

MEDICAL HISTORY

Are you in good health? Yes / No
 Have you had a physical exam in the past 6 months? Yes / No Do you smoke? Yes/ No How long? _____
 Do you drink more than 10 alcoholic beverages per week? Yes / No
 Do you have any allergies? Please list: _____
 Are you taking any medications? Please list or provide a copy: _____

 Are there medical conditions that you are being treated for at this time? _____

 Do you have a history of, or present issue with, any of the following? Abnormal Heart Condition Diabetes
 Heart Attack Prolonged Bleeding or Disorder Asthma Breathing Issue Liver/Kidney Disease Cancer / Tumor
 High Blood Pressure Migraines Hives Stroke Psychiatric Treatment Major Injury STD/HIV/AIDS Drug Abuse
 Other _____
 Are any of the above uncontrolled or require further information? _____

To the best of my knowledge, all preceding answers are true and correct. Please inform your dentist of any change in health or medications. Also, please review our **Privacy and Consent Statement** in the waiting area.

Signed: _____
 Date: _____

<u>Office Only</u>	
HR: _____	Exam: _____
BP: _____	X-ray: _____

Part 2 - FINANCIAL INFORMATION FORM

Please provide the Net Income for each of the 2 most recent years for the applicant as well as any significant other (spouse, partner, common law), or that of all parents and guardians of any applicant twenty-two (22) yrs of age or younger. This information is shown on the Canada Revenue Agency (CRA) Notice of Assessment (NOA) – **Please provide one copy of ‘Page 2’ of each NOA form and attach to this application form or provide to the FDC staff processing the application.**

Please be advised that this information will remain confidential and will only be used by the FDC staff and Board of Directors to evaluate the financial need of the family. The working sheet below is provided as a template for applicants to determine if they may be eligible for treatment under the FDC financial restrictions. This page does not have to be submitted with the applications (NOAs alone will suffice).

PATIENT /Parent/Guardian #1

Taxable Income from last year (Line 260) _____

Minus: Total Tax Payable from last year (Line 435) _____

Equals: After Tax Income from last year: _____

Taxable Income from prior year (Line 260) _____

Minus: total Tax Payable from prior year (Line 435) _____

Equals: After Tax Income from prior year: _____

Parent/Spouse/Guardian #2

Taxable Income from last year (Line 260) _____

Minus: Total Tax Payable from last year (Line 435) _____

Equals: After Tax Income from last year: _____

Taxable Income from prior year (Line 260) _____

Minus: total Tax Payable from prior year (Line 435) _____

Equals: After Tax Income from prior year: _____

Parent/Guardian/Significant Other #3

Taxable Income from last year (Line 260) _____

Minus: Total Tax Payable from last year (Line 435) _____

Equals: After Tax Income from last year: _____

Taxable Income from prior year (Line 260) _____

Minus: total Tax Payable from prior year (Line 435) _____

Equals: After Tax Income from prior year: _____

Part 4 - Personal Reference Form

We require a personal reference from someone who knows the applicant well. Any adult non-relative can act as a personal reference. This might be a colleague, co-worker, community or religious leader. A relative/guardian of the applicant cannot provide a personal reference.

Please give a copy of this page and the next to the person providing the personal reference. It provides a brief outline of the “Fundy Dental Community” program and the expectations of the personal reference.

“Fundy Dental Community” (FDC) is a pilot project initiated by local dentists to provide basic dental services to motivated, low-income youth and adults on a one-time basis to treat their dental disease. This program has been developed to establish a healthy oral condition in qualified patients, who would otherwise not receive treatment, and provide them with the education necessary to maintain their improved oral health status. Dental treatment is provided by participating dentists who have offered to donate their services to this worthwhile program. We are asking for your input to help us determine if the applicant has the appropriate desire and eligibility for this program.

Your personal information should include the following (or complete the subsequent page attached):

1. Name of the applicant
2. Your name
3. Your position/occupation
4. Your address
5. Your phone number
6. Your e-mail address
7. Your relationship to the applicant
8. How long you have known the applicant
9. The way(s) you think the applicant is affected by his/her teeth and smile
10. Your description of the applicant’s desire
11. Whether you would recommend the applicant for treatment through “Fundy Dental Community”

Please limit the personal reference to one page. You should sign the personal reference, seal it in an envelope, sign it again over the seal of the envelope and return it to the applicant for submission to the program.

Thank you for your help with this application. If you have any questions about the program or the personal reference, please visit www.fundydental.com/Community or contact us by e-mail at: FundyCommunity@bellaliant.com

Part 4 - Personal Reference Form

Applicant Name: _____
 Reference Name: _____
 Address: _____
 Town: _____ Prov: _____ Postal Code: _____
 email: _____ Home Phone: _____ Work Phone: _____
 Occupation: _____ Employer: _____
 Relationship to the Applicant: _____
 How Long Have you know the applicant? _____ yrs

What ways do you think the applicant has been affect by his/her teeth (dental health)?

Please provide a description of the applicant’s nature or desire to improve their oral health:

Do you recommend the applicant for treatment in this program at this time? YES / NO (please circle)

Signed: _____ Date: _____

Please seal this reference in an envelope, sign it again over the seal of the envelope and return it to the applicant for submission to the program.

Thank you for your help with this application. If you have any questions about the program or the personal reference, please visit www.fundydental.com/Community or contact us by e-mail at: FundyCommunity@bellaliant.com

Emergencies. The Fundy Dental Walk-in Clinic is run as a separate entity to the FDC program. Patients that have yet to be formally qualified for the FDC program are treated in the same manner as the general population in the Emergency Clinic. If a successful applicant has a dental emergency while awaiting their scheduled appointment, they are able to have the single emergency treatment completed under their FDC eligible category. Qualified applicants cannot use the Walk-in Emergency clinic model to have their FDC approved treatment plan completed, these appointments have specific scheduled times.

Hygiene. *All applicants must have at least one hygiene appointment.* This includes a discussion to help the patient understand how the patient/applicant found themselves in their current situation. Dental disease is preventative, and the proper education and tools will be provided so patients can reduce their risk of progression of dental disease in the future. Patients acknowledge the above statement, agree to disclose appropriate personal and social factors that have contributed to their current state of dental health, and will actively work to avoid preventable dental disease in the future (ie nutritional changes and improve oral hygiene habits).

Non-compliance. Patients that do not comply with a basic level of personal oral hygiene may be disqualified from this program. Any inappropriate behaviour or abusive language toward health care providers or staff can disqualify an applicant from this program. Patients will not receive reimbursement of funds if they are disqualified from the FDC Program (application fee and/or scheduled appointment deposits).

Records. Applicants consent to supplementary photography, filming, x-rays, and additional professional staff observing the procedure as deemed appropriate. Any clinical records taken in this FDC Program and specific case details may be included in future patient presentations and media content, provided the identity of the patient is not revealed.

Dental Students. FDCP has a partnership with Dalhousie University. Fourth year dental students and graduated dentists in the general practice residency rotate through Fundy Dental throughout the year. Applicants agree that some treatment may be scheduled with Dalhousie dentists on rotation at the clinic.

Questionnaire. Patients are to complete a post-treatment questionnaire upon request.
