

**IOWA DENTAL ASSOCIATION
ACCESS PROGRAM FOR THE ELDERLY
APPLICATION FOR DENTAL SERVICES**

**Please fill out the form below
and return to:**
Donell Doering
Elderbridge Agency on Aging
22 N Georgia Ave, Ste 216
Mason City IA 50401-3435

Date: _____
 Name: _____ Telephone: (____) _____
 Address (Street or PO Box): _____
 City: _____ State: _____ Zip: _____
 Sex: Male ___ Female ___ Age: _____
 Married: Yes ___ No ___ Dependents (Number): _____
 Currently employed? No ___ Yes ___ Employer: _____

In order to be able to participate in this program, your household must meet the current low-income guidelines. Income may not exceed more than 225% of the current poverty income levels. The current guidelines are listed to the right. → → →

Size of Family Unit	Low Income Level (225%)
1	\$24,368
2	\$32,783
3	\$41,198

Annual Income: (Include all income, i.e., Social Security pensions, interest and dividends on investments, and salary from full or part-time employment after state and federal taxes.)

My annual household income is: \$ _____

Exceptional Expenses (please explain): _____

Health Limitations? Yes ___ No ___ Explain: _____

Dentist Preference? Yes ___ No ___ Name: _____

Note: The information contained in this application is considered as confidential information for use only in determining the cost of dental services between you and your dentist.

The above information is correct to the best of my knowledge. I give permission for the release of this information to the Iowa Dental Association and the dentist to whom I am referred.

This application will be forwarded to the Iowa Dental Association. You will be contacted directly by the Iowa Dental Association with a list of participating dentists in your area.

Signature of Applicant

To be Completed only by Elderbridge staff:

Referred to the Dental Access Program by: _____

Donell Doering, Program Director

Area Agency on Aging: Elderbridge Agency on Aging, 22 N Georgia - Suite 216,
Mason City, IA 50401-3435 Telephone: 641-424-0678