

OAKLAND COUNTY HEALTH DIVISION
APPLICATION FOR DENTAL PROGRAM
1200 N. Telegraph Road, Bldg. 34 East
Pontiac MI 48341
(248) 858-1306
(888) 350-0900 ex 81306 Toll Free

PLEASE READ CAREFULLY:

The Oakland County Dental Program is available to adults and children who are residents of Oakland County and do not have dental insurance

Military veterans with a valid VA Veteran ID card, proof of Oakland County residency and no current dental insurance qualify for the Dental Program.

For all others, eligibility is based on total household income and the number of family members. Applicants with no income will need to provide proof that Medicaid was denied by the Michigan Department of Health and Human Services with this application. You will be notified by mail as to your eligibility and next steps for enrollment.

PLEASE COMPLETE THE FOLLOWING INFORMATION

NAME: _____
(Last) (First) (Middle Initial)

RESIDENCE: _____
(# and Street) (City) (Zip Code)

PHONE: _____
(Home) (Cell) (Other)

DATE OF BIRTH: _____

Sex: ☐ Female ☐ Male ☐ Transgender

Race: (which you most closely identify with)

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hawaiian /Pacific Islander
- ☐ White/Caucasian
- ☐ Other

Ethnicity 1:

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino

Ethnicity 2:

- ☐ Arab Descent
- ☐ Non-Arab Descent

SEE REVERSE SIDE

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and Federal eligibility requirements apply for certain programs.

PLEASE LIST ALL FAMILY MEMBERS THAT LIVE WITH YOU (attached additional page if needed)

LAST NAME	FIRST NAME	RELATIONSHIP TO YOU	BIRTHDAY MO/DAY/YR	DENTAL INSURANCE? YES/NO	MONTHLY INCOME
		SELF			

- **Military veterans** enclose a copy of your VA Veteran ID card and proof of Oakland County residency (Driver's License, MI photo ID, utility bill with your name and address, etc.)

For **non-veteran applicants**, please enclose the following:

1. Copy of your most recent Federal Income Tax Form 1040 pages 1 & 2 only
☐ I was exempt from filing a Federal Income Tax Return
2. Proof of last month's total income for all family members, such as:
 - Employment pay statements
 - Unemployment statements
 - Social Security and/or SSI benefits
 - Other retirement income (pension, IRA, annuities)
3. Proof of Oakland County residency (Driver's License, MI photo ID, utility bill with your name and address, etc.)

If you are not a military veteran and do not have any income, please include a determination letter from the Michigan Department of Health & Human Services showing approved or denied benefits.

We may call you to seek further clarification or additional information.

By signing below, you attest that the information given in this application is true, accurate and complete.

Applicant's Signature _____ Date: _____

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and Federal eligibility requirements apply for certain programs.