

## West Kootenay Community TEETH Clinic Society <a href="Dental Office Client">Dental Office Client</a> information FORM

CONTACT Information:	
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		Print		signature	dd/ mm /yy	
Verifier's name:						
	(First)	Initial)	(Last)	Female_ dd/mm	/ n/yy Personal Health No	
Next				male/_		
Next	(First)	Initial)	(Last)	male/_ Female_ dd/mm	/ n/yy Personal Health No	
NI. (	(		(====)	<del>_</del>		
_Next	(First)	Initial)	(Last)	male/_ Female _ dd/mm	/ n/yy        Personal Health No	
	(First)	Initial)	(Last)	Female_ dd/mm	n/yy Personal Health No	
<u>Children:</u> Oldest				male /	1	
	(First)	Initial)	(Last)	Female_ dd/mm	n/yy Personal Health No	
Spouse	, ,	ŕ	, ,	Birthda	ate	
_Client	(First)	— — — - Initial)	(Last)	male/ Female_ dd/mm	_/ n/yy     Personal Health No	
_Client	(First)	Initial)		Birthda	ate	
ttend the clir *Plea	<sup>nic.</sup> ase put th	e letter <u>E</u>	next to a	,	y have dental pain or	
Please provid	de names, bi	irthdates & I	Personal Hea	alth <b>N</b> umber's ( <b>PHN</b> ) of a	all family members applying	
Client inform	<u>nation</u>					
Can do short	notice appo	ntment If lives mor		ore than 15 minutes fror	m Nelson where:	
Home Email:			Cell	Work 		
Phone		<del></del> -	0-11		1A/l.	
Address				Postal code		

Please scan and email to <u>teethclinicwk@gmail.com</u> or fax to 250 352-2282 Please identify if any client is experiencing pain or infection next to client's name



## West Kootenay Community TEETH Clinic Society FINANCIAL / RESIDENCY APPLICATION

**NOTICE:** The information provided will be held in strictest confidence and not shared, except as it may be necessary in regards to medical information, medical emergency, treatment and records. All applications must be verified by an approved verifier (see pamphlet for locations)

This information has been freely provided and the notice understood as indicated by my signature. 
 (First)
 (Initials)
 (Last)
 dd/mm/yy

 ependents?
 Phone No.
 Number of Dependents? Address \_\_\_\_\_Postal code \_\_\_\_\_ Personal Health No.: Email Do you identify as aboriginal? yes no (For Verifier Only) Residency: Confirmed: yes no Proof of 3 months in Kootenay Boundary: Yes Financial: Do you receive any form of income support? yes\_\_\_ no\_\_\_ Verified: yes\_\_\_ no\_\_\_ Is your family income less than \$30,000? yes no Verified: I declare the above information is correct and accurately reflects my financial situation. I am aware this is not a free service and I am responsible for dental services costs. Signature of applicant To be approved in either of the above categories the various documents of proof must be provided. (for verifier only) above types of proof submitted: print verifier's name verifier's signature

Applications can be verified at the Senior Coordinating Society, 719 Vernon St. Nelson V1L 4G3

Mondays 10 am to 11:30 (see pamphlet for other locations)

Email verified forms to sencoord@netidea.com, or fax to 250 352-6008