

**OAKLAND COUNTY HEALTH DIVISION
DENTAL APPLICATION COVER SHEET
AND
CHECK LIST**

Thank you for requesting an application for the Oakland County Health Division Dental Program. At this time, eligible applicants will be placed on a **Waiting List**.

Once you have completed the dental application, please look over the CHECK LIST below, to ensure that your application is complete.

Do not send the Registration Fee until **AFTER** you are notified that you are eligible.

- Attach copy of most recent **Pay Stub(s)**.
- Provide **# hours worked per week, hourly wage & how often paid** on back of application.
- Attach copy of most recent **Unemployment Stub or letter of Monetary Determination**.
- Attach copy of most recent **Disability Stub**.
- Self-employed - attach copy of **2008 Federal Income Tax Return** (pg. 1 & 2) with schedule C and/or E.
- Write in the monthly amount for **Social Security (Soc. Sec., SSD, or SSI)** on the back of the application and **attach your Benefit Statement** (from Social Security) that shows your monthly amount.
- Write in the monthly amount for checks/cash from the **Department of Human Services** on the back of the application. Attach verification.
- Write in the monthly amount for **Food Stamps/Cash Out/Bridge Card** Program on the back of the application.
- Write in the monthly **Child Support** amount on the back of the application. Attach verification.
- Write in the monthly **Retirement, Pension, Annuity, IRA**, etc. disbursement amount on the back of the application and attach verification.

The dental application is enclosed, along with a return envelope. Applications take 2 - 3 weeks to be processed. You will be notified, by mail, as to your eligibility status.

Sincerely,

OAKLAND COUNTY HEALTH DIVISION
Department of Health and Human Services
Dental Program
248-858-1306 (or, 1-888-350-0900 exten 81306 toll free)

INCOME INFORMATION:

EMPLOYMENT INCOME – INCOME SOURCES & AMOUNTS

SELF: Currently Employed? Yes ___ No ___ Where? _____

Number of Hours Worked/Week ___ Hourly Wage ___ Tip Amt/Wkly ___ How Often Paid _____

◆ **Applicants currently employed** – **attach a copy of your most recent pay stub**, showing number of hours worked, hourly wage, gross pay and net pay.

◆ **Currently unemployed?** Yes ___ No ___ How Long? _____ Last Employer? _____

SPOUSE: Currently Employed? Yes ___ No ___ Where? _____

Number of Hours Worked/Week ___ Hourly Wage ___ Tip Amt/Wkly ___ How Often Paid? _____

◆ **Applicants currently employed** – **attach a copy of your most recent pay stub**, showing number of hours worked, hourly wage, gross pay and net pay.

◆ **Currently unemployed?** Yes ___ No ___ How Long? _____ Last Employer? _____

◆ **Applicants receiving unemployment benefits** – attach a copy of your monetary determination letter or check stub.

◆ **Applicants working on commission** – attach a copy of “Statement of Earnings” covering a 3 month period.

◆ **Applicants self-employed** – attach a copy of your most recent federal income tax return with all schedules.

ADDITIONAL and/or OTHER INCOME SOURCES & AMOUNTS - PLEASE ATTACH VERIFICATION OF INCOME

SOURCE: (Please check)	Received By:	How Often Received (ck one)			Amt. Rec'd	Total (Office Use Only)
		Wkly	Biwkly	Mthly		
<input type="checkbox"/> Unemployment Benefits	Self					
	Spouse					
<input type="checkbox"/> Worker's Comp. <input type="checkbox"/> Sick Pay <input type="checkbox"/> Insurance Disability	Self					
	Spouse					
<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSD (disability) <input type="checkbox"/> Survivor's Soc. Sec.	Self					
	Spouse					
	Child(ren)					
<input type="checkbox"/> DHS Assistance <input type="checkbox"/> State Disability Assistance <input type="checkbox"/> State Medical Program	Self					
	Spouse					
<input type="checkbox"/> Food Assistance/Cash Out/Bridge Card Case # _____	Self					
	Spouse					
<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony	Self					
	Spouse					
<input type="checkbox"/> Pension <input type="checkbox"/> IRA/Annuity <input type="checkbox"/> Retirement	Self					
	Spouse					
<input type="checkbox"/> Rental Income <input type="checkbox"/> Interest Income <input type="checkbox"/> Other _____	Self					
	Spouse					

I have read and understand the above information. I attest that the information given is **true** and may be **verified**.

Date: _____ Applicant's Signature: _____