



FY-2021

Application for Preventive Dental Care Voucher Date _____ Voucher # _____ Exp _____

Name: PRINT First _____ Middle _____ Last _____

Mailing Address: _____ City: _____ Zip: _____

Phone: (____) _____ Residence is in Coconino County: Yes No

Email Address _____ Best method of contact Phone Email

Date of Birth (Month, Day, Year): _____ Age: _____

What is your race?

Asian Black/African America Native American White Are you Hispanic? Yes No
 Other, List _____

Please check if you are on the following programs: WIC SNAP TANF AHCCCS # _____

How many total people are in your household? _____

Please list all the household income received from the following sources:

	Amount:	How Often:
Employment	\$ _____	_____
Unemployment Compensation	\$ _____	_____
Workers compensation	\$ _____	_____
SSD/SSI	\$ _____	_____
Food Stamps	\$ _____	_____
Social Security Retirement Benefits	\$ _____	_____
Retirement/Pension	\$ _____	_____
Student Loans or Financial Aid	\$ _____	_____
Other: _____	\$ _____	_____

My signature below acknowledges receipt of Preventive Care Voucher # _____. By accepting this voucher, I accept all risks I might face in using this voucher. As a condition of receiving and using this voucher, I waive any claims against Coconino County or Coconino County Health & Human Services for any injury or loss I may face, due to dental services I receive by using this voucher.

My signature also acknowledges receipt of the HIPAA Patient Consent Form on the reverse side of this form. I understand that I may only receive one voucher per year, July 1- June 30. Should I attempt to use more than one, I will be financially responsible for the full cost of services.

Signature: _____ Date: _____

Please note that a Notice of Privacy Practices is available upon request, or online at www.coconino.az.gov/health.

For internal use only – Do not write below this line

Voucher Issued: # _____

Expiration Date of Voucher: _____

NAU staff _____ Date _____

Please return this completed form to a Coconino County Health & Human Services Staff member.