

**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.

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, or 1099 Misc. - attach copy of **2011 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: _____