



Dear Parents or Guardian,

If you need financial assistance so your child can receive a dental screening, cleaning, and fluoride, please check the appropriate box and fill out the required information.

School/Center:			
Child's Full Name:		Date of Birth:	
Parent/Guardian Name:		Phone #:	Email:
Address:		City:	State: Zip:

Please check areas that apply to you and fill out information:

☐ **My child has Medicaid/Virginia FAMIS. The 12-digit ID # is:**

Circle one of the following: VA Smiles for Children

☐ **I don't have Medicaid/Virginia FAMIS and wish to apply.**

Medicaid/Virginia FAMIS is an affordable insurance program offered by the State of Virginia for children birth through age 18. To qualify for this, a child must be a Virginia resident, under age 19, and live in a family that makes at or below the monthly income in the chart below.

Household Size	FAMIS Gross Income Limits for Children Birth Through Age 18	
	Monthly	Yearly
1	\$2,573	\$30,873
2	\$3,492	\$41,902
3	\$4,411	\$52,931
4	\$5,330	\$63,960
5	\$6,250	\$74,989
6	\$7,169	\$86,018
7	\$8,088	\$97,047
8	\$9,007	\$108,076
Additional Person Add	\$920	\$11,029

To apply for Medicaid/Virginia FAMIS call 1-833-522-5582 or visit [www. https://commonhelp.virginia.gov](https://commonhelp.virginia.gov)

☐ **I have other dental insurance.**
Please attach a copy of the front and back of the insurance card to this form and complete the information below.

Insurance Company Name (other than Medicaid) _____

Insurance Company Phone _____

Group Number _____

Employer Name _____ Company Phone _____

Name of Insured Adult _____ Birth Date of Insured Adult _____

Member ID/Policy # _____ Social Security # of Insured Adult _____

☐ **I have no dental insurance and do not wish to apply to Medicaid/Virginia FAMIS.**
I will pay for a subsidized service because I am unable to pay full fee. It will cover dental screening, cleaning, and fluoride.
Age 12 and Under - \$74.00 Age 13 and Older - \$93.00

Please staple check or money order to this form and make payable to: **Smile Virginia**. To pay by credit card, please call 1-800-409-2563.

☐ **I request donated care to cover the cost of a dental screening, cleaning and fluoride for my child. I understand that my name and contact information may be provided to a third party only for the purpose of assisting in enrolling my child in a health insurance program and authorize release of that information.** I certify that my monthly household income is below the monthly income limits above, and I am not eligible for Medicaid/Virginia FAMIS, or any other dental assistance programs.

X Sign Here _____ **Date** _____

Parent/Guardian

We look forward to seeing your child, however, based on the number of grant requests received, we may not be able to see all grant applicants. Please return to your school/center as soon as possible. If you have questions, please call 1-800-409-2563.

Thank You,
Smile Virginia
MobileDentists.com