

Date: \_\_\_\_\_

**Dental Access Lancaster County  
DALCO**

**2100 Harrisburg Pike  
Lancaster, PA 17604**

Phone: 717-544-3279      FAX: 717-544-3139

***ENROLLMENT APPLICATION***

*Please complete a separate application for each person applying*

|                     |                                  |                        |       |
|---------------------|----------------------------------|------------------------|-------|
| Last Name, First MI |                                  | Social Security Number |       |
| Address             |                                  | City                   | State |
|                     |                                  | Zip Code               |       |
| Home Phone          | Work Phone                       | Cell Phone             |       |
| Date of Birth       | Emergency Contact Name and Phone |                        |       |

1. Referred by \_\_\_\_\_
2. Are you applying for or receiving Supplemental Security Income (SSI)?     Yes     No
3. Do you have Medical Assistance through the Welfare Office?     Yes     No  
If no, did you have Medical Assistance in the last 6 months?     Yes     No  
If yes, reason for termination \_\_\_\_\_
4. Do you have a Medical Assistance application pending?     Yes     No  
If yes, what date did you submit the application? \_\_\_\_\_
5. Do you have any other type of dental insurance?     Yes     No
6. Do you have any type of health insurance?     Yes     No
7. Do you have Medicare through Social Security?     Yes     No
8. Are you a veteran?     Yes     No  
If yes, do you receive Veterans' Benefits?     Yes     No
9. Are you a spouse or widow of veteran?     Yes     No  
If yes, do you receive Veterans' Benefits?     Yes     No
10. What is your citizen status?  
U.S. Citizen \_\_\_\_\_ Permanent Alien \_\_\_\_\_ Temp. Alien \_\_\_\_\_ Refugee/Asylee \_\_\_\_\_ Other \_\_\_\_\_
11. Do you have a medical problem that keeps you from getting or keeping a job?     Yes     No
12. Are you applying for or receiving Social Security Disability?     Yes     No  
If you are receiving Social Security Disability, what is the date your benefits began? \_\_\_\_\_
13. What is your monthly gross income from all sources? \$ \_\_\_\_\_
14. What is your family size \_\_\_\_\_

15. What is your marital Status? Married \_\_\_\_\_ Single \_\_\_\_\_ Widow/Widower \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

16. Do you have children under 21 living in the home? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, are your resources (cash, bank accounts, IRA's, etc.) less than \$2000? \_\_\_\_\_ Yes \_\_\_\_\_ No

17. Are you or anyone who lives with you pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No

18. Who is your primary care physician? Practice and site  
\_\_\_\_\_

19. Have you lived in Lancaster County for more than 3 months? Yes \_\_\_\_\_ No \_\_\_\_\_

20. Race/Ethnicity: (optional)  
African/American \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

21. What language do you prefer? \_\_\_\_\_

22. List barriers to appointments with providers ( i.e. outstanding bills, termination, lack of transportation, no English spoken, etc)  
\_\_\_\_\_  
\_\_\_\_\_

23. Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_  
If no, date of last employment \_\_\_\_\_

24. Does your work place offer dental Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how much would it cost per month? \$ \_\_\_\_\_

25. Translator needed? Yes \_\_\_\_\_ No \_\_\_\_\_

26. Transportation needed? Yes \_\_\_\_\_ No \_\_\_\_\_

**Income: List amount of monthly gross income (before taxes and deductions):**

|                     | Salary/<br>Wages | Social<br>Security/<br>SSI | Disability | Unemployment | Worker's<br>Comp | Pension/<br>Retirement | Self-<br>employment | Child<br>Support/<br>Alimony | Other<br>Income |
|---------------------|------------------|----------------------------|------------|--------------|------------------|------------------------|---------------------|------------------------------|-----------------|
| Self                | \$               | \$                         | \$         | \$           | \$               | \$                     | \$                  | \$                           | \$              |
| Spouse              | \$               | \$                         | \$         | \$           | \$               | \$                     | \$                  | \$                           | \$              |
| Child<br>(under 18) | \$               | \$                         | \$         | \$           | \$               | \$                     | \$                  | \$                           | \$              |
| Child<br>(under 18) | \$               | \$                         | \$         | \$           | \$               | \$                     | \$                  | \$                           | \$              |
| Other               | \$               | \$                         | \$         | \$           | \$               | \$                     | \$                  | \$                           | \$              |

**Total Gross Income \$ \_\_\_\_\_**

**Total in Checking/Savings \$ \_\_\_\_\_**

If no income, please explain how your basic needs are being met.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HOUSEHOLD INFORMATION

| Last name, First Name, MI | Are you applying for this person? | Sex | Date of Birth | Marital Status | Social Security Number | Relation to Applicant | Citizenship Status | Lived in Lancaster County for more than 3 mos? |
|---------------------------|-----------------------------------|-----|---------------|----------------|------------------------|-----------------------|--------------------|--|
|                           |                                   |     |               |                |                        |                       |                    |  |
|                           |                                   |     |               |                |                        |                       |                    |  |
|                           |                                   |     |               |                |                        |                       |                    |  |
|                           |                                   |     |               |                |                        |                       |                    |  |
|                           |                                   |     |               |                |                        |                       |                    |  |
|                           |                                   |     |               |                |                        |                       |                    |  |
|                           |                                   |     |               |                |                        |                       |                    |  |
|                           |                                   |     |               |                |                        |                       |                    |  |
|                           |                                   |     |               |                |                        |                       |                    |  |

**Please attach to this application a copy of your identification, proof of residency, and proof of income. Acceptable ID's and proofs are listed on the attachment.**

**YOUR APPLICATION CANNOT BE COMPLETED WITHOUT THESE DOCUMENTS.**

**DALCO requires a \$20 fee in order to be enrolled.  
We accept Money Orders only through the mail.  
Cash paid only at the office. No personal checks accepted.**

*I certify that the above information is a full and complete disclosure of my income and address. I certify that the above information is true to the best of my knowledge and there is no attempt to commit fraud. I understand that appropriate action will be taken if the above information is found to be false.*

*By signing below you authorize DALCO to submit the information contained in this application to participating dentists and Project Access of Lancaster County (PALCO).*

|                     |      |
|---------------------|------|
| Applicant signature | Date |
|---------------------|------|

# Sources of Proof for DALCO

**Do not send Originals. They will not be returned.**

## **Acceptable Proofs of Identification** (provide one document below)

- Copy of valid PA driver's license or PA ID card (can also serve as proof of residence if address is current.)
- Copy of passport
- Copy of Alien Registration card

## **Acceptable Proofs of Residency** (Provide one document below)

- Copy of valid PA driver's license or PA State ID **with current address**
- Copy of utility bills
- Copy of rent receipt or written statement from a non-relative landlord
- Copy of mortgage receipt
- Envelope of mail postmarked at least **3 months ago** with applicant's name and address

## **Acceptable Proofs of Income** (provide one document for each type of income for your monthly gross income)

- Copy of pay stubs, checks, and award letters from the last 30 days.
- Employer's written statement including employer's name, address, and phone number and how much was earned during the last 30 days.
- Copy of Social Security award letter
- Copy of Worker's Comp check, check stub or current award notice
- Copy of award statement for unemployment
- Copy of pension award letter
- Copy of proof of income from educational loans or grants
- A written statement from a person or agency providing money or making payments for you
- If you are self employed, we need both, your estimated income and expenses for the last quarter of the current year, typed in a company's cover letter, signed and dated, and a copy of the last year's federal tax return
- Copy of last year's federal tax return