

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