

## 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.

	er:						
Child's Full Na				Date of Birth:			
Parent/Guardian Name:				Phone #:	Fmai	Email:	
Address:			City:				Zip:
	areas that apply to	you and fill out infor		City.	State		<b>Ζ</b> ι <b>μ</b> .
	areas that apply to	you and fill out infol	mation:				
My chi	ild has Medicaid/	Pennsylvania CHI	P. The ID # is:				
-		: Medicaid, Gateway		Kevstone First. Am	eriHealth Caritas. Ul	PMC. HealthPartn	ers. Geisinger CHIP.
		HIP, Coventry Cares,				-,	.,,
		Pennsylvania CHIP					
							ugh age 18. To qualify
for this,	, a child must be a F	Pennsylvania residen	t, under age 19, and	live in a family that	makes at or below	the monthly inco	ne in the chart below
		ree			Cost	T	Full Cost
Household Size*	Ages 1-5	Ages 6-18	Ages 0-1	Ages 1-18	Ages 0-18	Ages 0-18	Ages 0-18
1	\$18,652-\$24,711	\$15,801-\$24,711	\$25,542-\$31,126	\$24,711-\$31,126	\$31,126-\$34,215	\$34,215-\$37,304	\$37,304 – No Limit
2	\$25,152-\$33,322	\$21,307-\$33,322	\$34,443-\$41,973	\$33,322-\$41,973	\$41,973-\$50,303	\$46,138-\$50,303	\$50,303 – No Limit
3	\$31,652-\$41,933	\$26,813-\$41,933	\$43,344-\$52,820	\$41,933-\$52,820	\$52,820-\$58,061	\$58,061-\$63,303	\$63,303 – No Limit
4	\$38,151-\$50,544	\$32,319-\$50,544	\$52,245-\$63,666	\$50,544-\$63,666	\$63,666-\$69,984	\$69,984-\$76,302	\$76,302 – No Limit
5	\$44,651-\$59,156	\$37,826-\$59,156	\$61,146-\$74,513	\$59,156-\$74,513	\$74,513-\$81,908	\$81,908-\$89,302	\$89,302 – No Limit
6	\$51,151-\$67,767	\$43,332-\$67,767	\$70,047-\$85,360	\$67,767-\$85,360	\$85,360-\$93,831	\$93,831-\$102,302	\$102,302 – No Limit
7	\$57,667-\$76,399	\$48,851-\$76,399	\$78,970-\$96,233	\$76,399-\$96,233	\$96,233-\$105,783	\$105,783-\$115,333	
8	\$64,198-\$85,052	\$54,384-\$85,052	\$87,914-\$107,132	\$85,052-\$107,132	\$107,132-\$111,764	\$117,764-\$128,39	
9	\$70,730-\$93,705	\$59,917-\$93,705	\$96,858-\$118,032	\$93,705-\$118,032	\$118,032-\$129,745	\$129,745-\$141,45	
10	\$77,262-\$102,358	\$65,450-\$102,358	\$105,802-\$128,932	\$102,358-\$128,932	\$128,932-\$141,726	\$141,726-\$154,52	L \$154,521 – No Limit
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We look forward to seeing your child. Please return to your school/center as soon as possible. If you have questions, please call 1-800-409-2563.