



2016

Chart Number \_\_\_\_\_  
(for internal use only)

# Lindquist Dental Clinic for Children

Parkland \* South Tacoma \* Gig Harbor \* Bremerton

## Financial Assistance (Charity Care) Application—2016

LDCC's mission is to provide accessible, compassionate and effective dental care to Puget Sound children in need. A critical part of fulfilling our mission is offering Financial Assistance (Charity Care) to those who are underinsured or have no insurance. Charity Care is based on family size and gross household income and must be renewed on an annual basis. In order to receive Charity Care, please complete the application below, all fields are required.

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

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Phone (        ) — (        ) — (        ) —  
Mobile Home Work

Head of Household is:  Male  Female Military?:  Active  Retired  Reserve

Family's Racial/Ethnic Background (If you associate with more than one race/ethnicity, please check all that apply)

Caucasian  African American  Hispanic/Latino  Asian  
 Eastern European  Native Hawaiian/Pacific Islander  Multi-Racial  Other \_\_\_\_\_

### Income Statement

Please provide proof of income for the household as a paystubs or pay statements for all parental/guardian income. If more than one job, or if more than one parent/guardian is working, proof of income is needed for all income and/or both parental/guardian income.

Frequency	2 x month	Every 2 wks	1 x month	Weekly	Other
Proof #1					
Proof #2					
Proof #3					
Proof #4					
Proof #5					
Total					
Multiplier	24	26	12	52	
Subtotal					

Grand Total Annual Income: \_\_\_\_\_ Family Size: \_\_\_\_\_

I am providing the information above for the purpose of receiving Financial Assistance from Lindquist Dental Clinic for Children. I confirm that the information above is true and represents the full household. I understand that the Financial Assistance application must be completed on an annual basis, including new proof of income, in order to continue to receive Financial Assistance. If there is a change in the information provided above I will update the application on file with the new information.

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

Internal LDCC Use				
Qualifies for a slide of:	80%	60%	40%	Military
Income Verified by:	_____			