

# Region of Waterloo Public Health Dental Clinic

# Income Assessment Form



Please complete this form to apply for dental services. If you have questions, please call the Region of Waterloo Public Health Dental Program at 519-575-4400 (Waterloo ext. 3086 and Cambridge ext. 3088).

This information is being collected to determine and/or verify your children's eligibility to participate in the Region of Waterloo Public Health Dental Clinic services and arrange appointments. For more information about Region of Waterloo Public Health and Emergency Services information practices, refer to [www.regionofwaterloo.ca/personalhealthprivacy](http://www.regionofwaterloo.ca/personalhealthprivacy)

**To be eligible, children must live in the Region of Waterloo:**  
1. Be 17 years of age or younger and meet low family income levels (see table page 2)

## PARENT/GUARDIAN INFORMATION

Parent #1/Guardian's Full Name:	Parent #2/Guardian's Full Name:
Who do the children live with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other	Total number of children living at home that you financially support:
Address:	
City:	Postal Code:
Home Phone:	Other Phone:

## CHILDREN'S INFORMATION (please print clearly)

Last name	First name	Birthday (yyyy/mm/dd)	Age (years)	Sex

**Complete the section on the next page that applies to you.**

- Section A:** If you have a Notice of Assessment **OR**
- Section B:** If you DO NOT have a Notice of Assessment
- Our family is applying to Region of Waterloo Public Health dental clinic for the first time
- Our family is enrolled in Healthy Smiles Ontario

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# Section A

## Did you file an income tax return?

- Yes. For year: (provide the most recent year) .....
- No. If no, **do not** fill out Section A. Please complete **Section B below**.
- If your application meets our criteria, you **must** bring the last **Notice of Assessment** for you and your spouse/partner to your child's first appointment. Dental clinic staff will review the Notice of Assessment to confirm eligibility.
- If you have misplaced your most recent Notice of Assessment, you can phone Revenue Canada at 1-800-959-8281.

Taxable income: <b>(line 260)</b> from your income tax return or Notice of Assessment	\$
Taxable income <b>(line 260)</b> of your spouse/partner's income tax return or Notice of Assessment. <b>(Leave blank if you do not have a spouse/partner or are a single parent)</b>	\$

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Client/Guardian Signature Date (yyyy/mm/dd)

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Interpreter Contact Information

# Section B

If you do not have a Notice of Assessment, please state income from all sources. Bring **proof of income** (e.g. paper proof of income, letter from a shelter or social worker, copy of your employment insurance statements, etc.) to your child's first appointment. Include **all** sources of income, in or outside of Canada, for the last three months.

## Please list your income information for the last three months.

Year/Month	Your income for the month you listed	Your spouse/partner's monthly income for the month you listed	Combined monthly household income (applicant/spouse)
1		+	
2		+	
3		+	

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Client/Guardian Signature Date (yyyy/mm/dd)

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Interpreter Contact Information

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### FOR STAFF ONLY: Approved by Region of Waterloo Public Health Staff

Signature: ..... Date: (yyyy/mm/dd) .....