



APPLICATION FOR DENTAL SERVICES [E>dN XN DCH VU NHA KHOA]
 Lincoln-Lancaster County Health Department Dental Division
 3131 O Street, Lincoln, NE 68510

Person Applying for Dental services [NgL.Cti lam dcm xindjch vv nha khoa] Relationship to Patient [Quan h v&i bnh nhfin] Social Security Number [SO An Sinh Xa HQ]

Address [Number, Street] [E>achi-SONha, TenduO'ngJ] City/State [Thanh ph6ffieu bang] Zip Code [Ma so buuchlnh] County [Qun] Home Phone [Eli n tho\$inM]

Mailing Address [if different] [Dla chT nhn thll, neu kh8c] City/State [Thanh ph61TiEru bang] Zip Code [Ma s6 blu chlnh] County [Qun]

INCOME:	@ Hourly [Gi6']	Weekly [MOi tuan]	Bi-Weekly (M5i hai tuan)	Monthly [Mlithang]	Other [Cach kttac]
Ti rt hH.H.lanh:	Bi-Monthly fMoi nltat 11a11ul	Wort Phone	Annually Nam!	Gross Monthly hcome	How onen paid'. USE categories above
	current Employer	Wort Phone	Average Number or Hours Worked per week	Gross Monthly hcome	How onen paid'. USE categories above
	[N1ilam v&ch n nay)	[Oien thoq.isC/ lam)	(S6 gio trung bnh lam vi c mOitU<fn)	[Tl8n l f&ng hang thang chua trif thuJ	[Cach bao lau thl d1J;Jc lanh t1J Ong-Dung cac thbi gian ohitrenJ *
Applicant [Nal/Oi lam don!				S	
Spouse [Chona hoac vol				S	

Do you or anyone within your household receive any of the following?
 [Quy vj hoc bat ct'. r ai trong he} cua quy vi c6 dang nhn bat cl! trQ cap nao sau dAy kMng?J

- Amount [So tl n]
1. Unemployment [Th t nghi p] \$ _____
 2. Social Security (An sinh Xa hQi) \$ _____
 3. Disability Benefits [Phuc IQitt nguy n] \$ _____
 4. Child Support/Alimony (Ci{p du Bng con cailngu<'Jiph6ingu) \$ _____
 5. Retirement Benefits (Cac phUc l;li hUutr) \$ _____
 6. Supplemental income from any other source [Lqill& μ111,1 tryitLI btit GU xuat XU nao (g di 111, 1Jao lrQ', v.v...)] \$ _____
 7. Household Income/Resources Not previously identified \$ _____
 [LQitllc trong hQ/Cac nguon lqi h1c chi.la khai' I tren]

Are you a US citizen? [Quy v l a C6ng dan Hoa Ky?) o Yes [Co] D No [Khong]

If not, what is your residency status? (N u kh Ong, Unh trng cu trua QJ _____

Are you a current resident of Lincoln/Lancaster County? [Hien nay hii Jng tni t i Lincoln/Lancaster?] D Yes [C6] D No [Khong]
 How long? [E> trQc bao lau?] _____

What is your primary language? [Ngon ngu ch nha g l?] D Vietnamese (Vi t) D English [Anh] D Other [Khac] _____
 Country of origin [Quoc gang uyenthu y?J O Vietnam O Other (Quoc gia khilc) _____

Do you need an interpreter? [Can ngi. bi th6ng djch?] D Yes [C6] D No [Khong]

Interpreter's name [Ten nguoi th6ng djch?] _____ Interpreter's phone [E> T nguoi th Ong djch] _____

Are you a student? [Quy vi a sinh vien/hQc sinh?] O Yes [C6] O No [Kh6ng]

Name of school [Ten truan 11 hoc] _____

Is your spouse a student? [VQ ho c chonga sinh vien/h9c sinh?] D Yes [C6] D No [Khong]

Name of school [Ten tnlng hoc] _____

HEALTH OR DENTAL COVERAGE [BAO HI M SVC KH6E HOAC RANG)		Insurance company [TAn c6ng ty bao hi ml	Family members covered by the programs [Nhfino no1id1 c c c r.h1*no tinh nay rta i thoJ
Do you or anyone within your household receive Medicaid, Kids Connection, or Aid to Dependent Children? [Ouy vi hooc bil't ciJ oi trong hQ cuo quy vj dong 06 Medicaid, Kids Connection hoc ADC /Aid to Dependent Children) kMna?!	D Yes (C6) o No [Khong]		
Are you or your family covered by Health Insurance? [Ouy vi hoc gia dnh cua quy vi 06 bao hi em 5i'.rc khoe kh Ong?J	D Yes (C6) D No [KHO11uf		
Are you or your family covered by Dental Insurance? [Ouy vi hoc gia dnh cua quy vi co Mohlem rang kMng?J	O Yes [Ceil D No [KHO11uf		

LIST ALL MEMBERS IN HOUSEHOLD [Li' :T Ki' : MQI NGL/01 TRO NG HOCUA QUY VI!

Name [Un ho)	Relationship [Quan h)	Date of birth [Ngay sanhl	Age (TuOI)	Race -use fist below (Chung tOc -Dung danh sach du kJidAyJ -	Hispanic [Nlii ti6no Tay Ban Nha)	Medicaid number (SO Medicaid)
1.					O Yes [C6] o No [KhonQ]	
2.					D Yes [C6] D No [KhonQ]	
3.					a Yes [Cu] a No [KhOnal	
4.					o Yes [C6J D No [Kh6na1	
5.					D Yes [C6] D No [KhOnal	
6.					D Yes [Ceil D No [KhOnal	
7.					D Yes [Ceil D No [KhOnal	
8.					D Yes [Ceil o No [KhOnal	
9.					O Yes [C6] D No [KhOnal	
10.					D Yes [C6] o No [KhOnal	

– Race/Chung tOc): White [Trhg] Black/African American [Den/Goe Phi ehau] Asian [A ehau]
 Hawaiian/Pacific Islander (Hawaii/Eiao Thai binh dldng) American Indian/Native American [My ban xu]
 Other [Chung tOe khac] _____

Immediate health concerns or problems rca: vG:n d6 hae Quan ram v sue khoe hl n nay)

Other comments (Cac IOI phi! blnh khac)

Toi xac nhan rI ng eae du ki n ghi tren la dung siJ that. Toi hi u rling khai gian b.11 ell diElu glc6 th dua Mn bin phap giam djnh kii quyen duqc huJng cac djch vv va c6 thif bj bira khoidjch vv nha khoa.

Signature (ChO ky) _____ Date [Ngoy] _____

For office use <i>only</i> – Do not wrtte in this box [CHI DANH CHO VAN PHONG – XIN FIUNG VIET vAo PHAN NAY]
Total Yearly Gross Income Reported for Household \$ _____ Client Fee Step _____
Staff Comments _____