



Healthy Smiles Ontario Program Application Form A

Program Information

The Healthy Smiles Ontario Program is an Ontario government-funded basic dental program providing preventive and early treatment services for children and youth ("dependents") in low-income families, who are 17 years of age or under. This program is administered by the Ministry of Health and Long-Term Care (the Ministry) and the 36 public health units across the province.

To be eligible for the program, each dependent must meet the following eligibility requirements:

- 1. Be 17 years of age or under;
2. Be a resident of Ontario;
3. Be a member of a household with an Adjusted Family Net Income of \$20,000 or below; and
4. Not have access to any form of dental coverage (including through government programs such as Ontario Disability Support Program, Ontario Works and Non-Insured Health Benefits).

The personal information you provide on this form is collected by your local public health unit and may be shared with the Ministry. Both the health unit and the Ministry will use the information to administer the program, and the Ministry may, share the information with other ministries and the Canada Revenue Agency to verify your continuing eligibility for the program.

Note: To complete the registration process, your local public health unit will request that you show the following documents:

- 1. Applying parent's/guardian's Annual Canada Child Tax Benefit and Ontario Child Benefit Notice (most current tax year) OR Annual Goods and Services Tax Credit Entitlement Notice (most current tax year);
2. Applying parent's/guardian's government issued photo identification (i.e., Ontario health card, Ontario Driver's Licence, Passport (Canadian or foreign), Certificate of Canadian Citizenship, Permanent Resident Card OR Canadian Immigration Identification Card); and
3. your dependent(s) valid Ontario health card(s)*.

* If your dependent(s) Ontario health card is unavailable, the following alternative documents issued to your dependent(s) are acceptable: Passport (Canadian or foreign); or Certificate of Canadian Citizenship (Citizenship Card); or Permanent Resident Card (after June 2002)/Canadian Immigration Identification Card (before June 2002); or Birth certificate as issued by a Canadian provincial or territorial government; or valid Ontario Driver's Licence AND household mortgage, rental or lease agreement OR utility bill.

If you have any questions about the collection of personal information on this form, please contact the ServiceOntario INFOline at:

Toll-free: 1-866-532-3161
TTY toll-free: 1-800-387-5559
416-327-4282 (TTY Toronto only)
Core Hours: 8:30-5:00p.m.

Or the Ministry at healthsmiles@ontario.ca or your local public health unit. A list of local public health units can be found on the Healthy Smiles Ontario Program website at www.ontario.ca/healthsmiles.

Note: * indicates mandatory fields in sections A to E of the application form below.

A. Parent/Guardian Information

Form fields for Parent/Guardian Information including: *First Name, *Last Name, *Telephone No., Work Telephone No., Alternate Telephone No., *Address Street No., *Street name, *Unit No., *City/Town, *Province, *Postal code, *Relationship to Dependent(s), *Date of Birth.

Marital Status section with checkboxes for Single, Divorced, Widowed, Separated, Married / Common Law.

Spouse or Common Law Partner Section

*First Name	*Last Name	*Date of Birth (yyyy/mm/dd)
-------------	------------	-----------------------------

X

Print Name of Parent/Guardian (First Name, Last Name)	Signature of Parent/Guardian	Date (yyyy/mm/dd)
---	------------------------------	-------------------

X

Print Name of Parent/Guardian (First Name, Last Name)	Signature of Parent/Guardian	Date (yyyy/mm/dd)
---	------------------------------	-------------------

For Public Health Unit Use Only:

- a) Check applicable box to confirm financial eligibility (Adjusted Family Net Income is equal to or lower than \$20,000), as listed on one of the following documents, from the most current tax year:
- Annual Canada Child Tax Benefit and Ontario Child Benefit Notice
- OR
- Annual Goods and Services Tax Credit Entitlement Notice
- b) Check applicable box to confirm the applying parent's/ guardian's identity, as listed on one of the following documents:
- valid Ontario health card (with photo) Passport (Canadian or foreign) Certificate of Canadian Citizenship (Citizenship Card)
- Permanent Resident Card (after June 2002)/Canadian Immigration Identification Card (before June 2002)
- valid Ontario Driver's Licence
- c) Check box to confirm that the applying parent's/ guardian's name as listed in the documents provided for (a) matches the name as listed in the documents provided for (b) above

B. Dependent Information**Dependent 1**

*First Name	*Last Name	*Gender	*Date of Birth (yyyy/mm/dd)
-------------	------------	---------	-----------------------------

Telephone No. (incl. area code) same as parent/guardian

*Address same as parent/guardian. If address is different from parent/guardian, provide address

*Street No.	*Street name	*Unit No.
-------------	--------------	-----------

*City/Town	*Province	*Postal code
------------	-----------	--------------

For Public Health Unit Use Only:

- a) Check applicable box to confirm dependent's age (17 years or under) and Ontario residency:
- valid Ontario health card (with birthdate)
- Note: if a dependent's Ontario health card is not available, alternative documentation, issued to the dependent must be shown (one of the following):
- Passport (Canadian or foreign)
- Certificate of Canadian Citizenship (Citizenship Card)
- Permanent Resident Card (after June 2002)/Canadian Immigration Identification Card (before June 2002)
- Birth certificate as issued by a Canadian provincial or territorial government
- valid Ontario Driver's Licence

AND

Household mortgage, rental or lease agreement OR utility bill

- b) Check applicable box to confirm that the dependent's name as listed in the documents provided for (a) or (b) matches the "Dependent" name as listed on one of the following:
- Annual Canada Child Tax Benefit and Ontario Child Benefit Notice (most current tax year)
- OR
- Annual Goods and Services Tax Credit Entitlement Notice (most current tax year)

c) If dependent is deemed eligible, assign Healthy Smiles Ontario Client Number (generated from OHISS): _____ Client Number

AND

Program End Date
(the earlier of the following two dates: three years from the registration date or up to the dependent's 18th birthday): _____ Program End Date (yyyy/mm/dd)

Dependent 2

*First Name	*Last Name	*Gender	*Date of Birth (yyyy/mm/dd)
-------------	------------	---------	-----------------------------

*Telephone No. (incl. area code) same as parent/guardian

*Address same as parent/guardian. If address is different from parent/guardian, provide address

*Street No.	*Street name	*Unit No.
-------------	--------------	-----------

*City/Town	*Province	*Postal code
------------	-----------	--------------

For Public Health Unit Use Only:

c) Check applicable box to confirm dependent's age (17 years or under) and Ontario residency:

valid Ontario health card (with birthdate)

Note: if a dependent's Ontario health card is not available, alternative documentation, issued to the dependent must be shown (one of the following):

Passport (Canadian or foreign)

Certificate of Canadian Citizenship (Citizenship Card)

Permanent Resident Card (after June 2002)/ Canadian Immigration Identification Card (before June 2002)

Birth certificate as issued by a Canadian provincial or territorial government

valid Ontario Driver's Licence

AND

Household mortgage, rental or lease agreement OR utility bill

d) Check applicable box to confirm that the dependent's name as listed in the documents provided for (a) or (b) matches the "Dependent" name as listed on one of the following:

Annual Canada Child Tax Benefit and Ontario Child Benefit Notice (most current tax year)

OR

Annual Goods and Services Tax Credit Entitlement Notice (most current tax year)

e) If dependent is deemed eligible, assign Healthy Smiles Ontario Client Number (generated from OHISS): _____ Client Number

AND

Program End Date

(the earlier of the following two dates: three years from the registration date or up to the dependent's 18th birthday): _____ Program End Date (yyyy/mm/dd)

C. Terms and Conditions

As part of the Healthy Smiles Ontario Program, the parents/guardians make the following declaration:

- I understand that I must immediately report any changes that may affect the eligibility of my dependent(s) for the Healthy Smiles Ontario Program to my local public health unit, which may in turn disclose this information to the Ministry. Examples of these changes include:
 - The household's Adjusted Family Net Income rises above \$20,000;
 - My dependent(s) are no longer Ontario residents; and
 - My dependent(s) become eligible to receive other dental benefits (either from a government program or a private insurer).
- Further, I understand that failure to report changes that may affect program eligibility may result in immediate removal from the program, and the government of Ontario and/or local public health unit may seek reimbursement for any services that were rendered while my dependent(s) were ineligible.
- I understand that only certain dental procedures are covered by the Healthy Smiles Ontario Program as listed in the Healthy Smiles Ontario Schedule of Dental Services and Fees. Parents/guardians are responsible for paying for services not covered or paid for under the Healthy Smiles Ontario Program, and for any services rendered after the program end date.
- I understand that the program end date for my dependent(s) is the earlier of the following: three years from the date my dependent(s) was registered for this program OR my dependent(s) 18th birthday (whichever date comes first). I understand that following the program end date for my dependent(s), I can re-apply to the Healthy Smiles Ontario Program provided that all program eligibility requirements are met.
- I understand that the Healthy Smiles Ontario Client Card is valid for one year (from the Registration Date) and I must present this to the dental provider at each visit in order to obtain services under the Healthy Smiles Ontario Program. Dental providers will not render services under the Healthy Smiles Ontario Program unless a valid Health Smiles Ontario Client Card is presented. I am responsible for contacting my local public health unit to renew the Healthy Smiles Ontario Client Card on an annual basis. At the annual renewal, I will be required to re-confirm that my dependent(s) continue to meet the eligibility requirements of the program. Upon completion of the verification process, the public health unit will issue me a renewed Healthy Smiles Ontario Client Card which expires within one year.
- I understand that I may be required to provide additional documentation to prove my dependent(s) eligibility

I declare that my dependent(s) meet the program eligibility requirements (listed in the Program Information Section). Further, I declare that I have not misrepresented information about myself or my household and understand that any misrepresentation may result in immediate removal from the program, and that the Government of Ontario and/or a local public health unit may require reimbursement for any services that were rendered during the period my dependent(s) were ineligible for the Healthy Smiles Ontario Program.

_____ X _____
 Print Name of Parent/Guardian (First Name, Last Name) Signature of Parent/Guardian Date (yyyy/mm/dd)

_____ X _____
 Print Name of Parent/Guardian (First Name, Last Name) Signature of Parent/Guardian Date (yyyy/mm/dd)

D. Certification and Consent of Parent/Guardian

I/We certify that the information provided on this form is correct, and understand that any misrepresentation on this application or failure to provide accurate information will result in immediate removal from the Healthy Smiles Ontario Program. I understand that the Ministry may conduct an ongoing provincial verification process to ensure that all eligibility requirements have been met.

I/We understand that the personal information I/we provide on this form is collected by my local public health unit and may be disclosed to the Ministry, for the purpose of administering the Healthy Smiles Ontario Program including: assessing and verifying my eligibility, administering payments, and enforcing the program policies. I also understand that this information may be disclosed for the same purpose to the Ministry of Health Promotion, the Ministry of Community and Social Services, the Ministry of Revenue and the Canada Revenue Agency. I consent to this collection, use and disclosure of my personal information, and to the sharing of my personal information among the ministries and government agencies noted above.

_____ X _____
Print Name of Parent/Guardian (First Name, Last Name) Signature of Parent/Guardian Date (yyyy/mm/dd)

_____ X _____
Print Name of Parent/Guardian (First Name, Last Name) Signature of Parent/Guardian Date (yyyy/mm/dd)

E. Certification of the Public Health Unit Administrator

I hereby acknowledge that the applicant is eligible for the Healthy Smiles Ontario Program and in verifying the applicant's eligibility for this program, I reviewed the documents presented by the applicant and adhered to the Healthy Smiles Ontario Program policies to ensure that the program eligibility requirements were met.

_____ X _____
Print Name of Public Health Unit Administrator Signature of Public Health Unit Administrator Date (yyyy/mm/dd)
(First Name, Last Name)



Healthy Smiles Ontario Program Application

Form A

Additional Dependent(s)

Dependent 3

*First Name *Last Name *Gender *Date of Birth (yyyy/mm/dd)

*Telephone No. (incl. area code) [] same as parent/guardian

*Address [] same as parent/guardian. If address is different from parent/guardian, provide address

*Street No. *Street name *Unit No.

*City/Town *Province *Postal code

For Public Health Unit Use Only:

a) Check applicable box to confirm dependent's age (17 years or under) and Ontario residency:

[] valid Ontario health card (with birthdate)

Note: if a dependent's Ontario health card is not available, alternative documentation, issued to the dependent must be shown (one of the following):

[] Passport (Canadian or foreign)

[] Certificate of Canadian Citizenship (Citizenship Card)

[] Permanent Resident Card (after June 2002)/ Canadian Immigration Identification Card (before June 2002)

[] Birth certificate as issued by a Canadian provincial or territorial government

[] valid Ontario Driver's Licence

AND

[] Household mortgage, rental or lease agreement OR utility bill

b) Check applicable box to confirm that the dependent's name as listed in the documents provided for (a) or (b) matches the "Dependent" name as listed on one of the following:

[] Annual Canada Child Tax Benefit and Ontario Child Benefit Notice (most current tax year)

OR

[] Annual Goods and Services Tax Credit Entitlement Notice (most current tax year)

c) If dependent is deemed eligible, assign Healthy Smiles Ontario Client Number (generated from OHISS): Client Number

AND

Program End Date (the earlier of the following two dates: three years from the registration date or up to the dependent's 18th birthday): Program End Date (yyyy/mm/dd)

Dependent 4

*First Name *Last Name *Gender *Date of Birth (yyyy/mm/dd)

*Telephone No. (incl. area code) [] same as parent/guardian

*Address [] same as parent/guardian. If address is different from parent/guardian, provide address

*Street No. *Street name *Unit No.

*City/Town *Province *Postal code

For Public Health Unit Use Only:

a) Check applicable box to confirm dependent's age (17 years or under) and Ontario residency:

 valid Ontario health card (with birthdate)

Note: if a dependent's Ontario health card is not available, alternative documentation, issued to the dependent must be shown (one of the following):

 Passport (Canadian or foreign) Certificate of Canadian Citizenship (Citizenship Card) Permanent Resident Card (after June 2002)/ Canadian Immigration Identification Card (before June 2002) Birth certificate as issued by a Canadian provincial or territorial government valid Ontario Driver's Licence**AND** Household mortgage, rental or lease agreement OR utility bill

b) Check applicable box to confirm that the dependent's name as listed in the documents provided for (a) or (b) matches the "Dependent" name as listed on one of the following:

 Annual Canada Child Tax Benefit and Ontario Child Benefit Notice (most current tax year)

OR

 Annual Goods and Services Tax Credit Entitlement Notice (most current tax year)

c) If dependent is deemed eligible, assign Healthy Smiles Ontario Client Number (generated from OHISS): _____

Client Number

AND

Program End Date

(the earlier of the following two dates: three years from the registration date or up to the dependent's 18th birthday): _____

Program End Date (yyyy/mm/dd)

Dependent 5

*First Name	*Last Name	*Gender	*Date of Birth (yyyy/mm/dd)
-------------	------------	---------	-----------------------------

*Telephone No. (incl. area code) same as parent/guardian*Address same as parent/guardian. If address is different from parent/guardian, provide address

*Street No.	*Street name	*Unit No.
-------------	--------------	-----------

*City/Town	*Province	*Postal code
------------	-----------	--------------

For Public Health Unit Use Only:

a) Check applicable box to confirm dependent's age (17 years or under) and Ontario residency:

 valid Ontario health card (with birthdate)

Note: if a dependent's Ontario health card is not available, alternative documentation, issued to the dependent must be shown (one of the following):

 Passport (Canadian or foreign) Certificate of Canadian Citizenship (Citizenship Card) Permanent Resident Card (after June 2002)/ Canadian Immigration Identification Card (before June 2002) Birth certificate as issued by a Canadian provincial or territorial government valid Ontario Driver's Licence**AND** Household mortgage, rental or lease agreement OR utility bill

b) Check applicable box to confirm that the dependent's name as listed in the documents provided for (a) or (b) matches the "Dependent" name as listed on one of the following:

 Annual Canada Child Tax Benefit and Ontario Child Benefit Notice (most current tax year)

OR

 Annual Goods and Services Tax Credit Entitlement Notice (most current tax year)

c) If dependent is deemed eligible, assign Healthy Smiles Ontario Client Number (generated from OHISS): _____

Client Number

AND

Program End Date

(the earlier of the following two dates: three years from the registration date or up to the dependent's 18th birthday): _____

Program End Date (yyyy/mm/dd)