



CHILDREN'S DENTAL ANGEL FUND

Program Information

The Humboldt Health Foundation (HHF), a supporting organization of the Humboldt Area Foundation, provides funds for the Children's Dental Angel Fund.

The Children's Dental Angel Fund was created in 2001 to meet dental-related needs of individual youth in Humboldt County in situations where emergency funds are required. Assistance will not be awarded for orthodontia or procedures deemed to be cosmetic in nature.

Requests must be submitted through the child's "dental home" (i.e. the primary dental provider, or a regularly attended dental clinic such as United Indian Health Services, Kima:w Medical Center, Redwoods Rural Health Center, or Burre Dental Center). Service providers may not make requests for their own reimbursement and individuals may not apply on their own behalf.

When a grant is approved, Humboldt Health Foundation will only be held responsible for the amount of funding granted at the time of consideration. Any additional treatment that is completed beyond what has been pre-approved will become the responsibility of the parent/guardian. Further requests for assistance will require additional applications to be submitted. The Children's Dental Angel Fund has a finite amount of money to award in grants each year. Grant size may be impacted by the availability of funding at the time of the request.

*Please complete the attached application to make your request. **An itemized pre-treatment plan from the treating dentist must be submitted along with the grant application form in order for a request to be considered.** We will attempt to notify you of the status of your request within one week of receiving the application. If your request is approved, we will confirm our commitment to payment via fax with the dental office where treatment will be provided. That office will then bill us upon completion of services.*

Only the last name(s) of the person in need will remain confidential.

For more information call (707) 442-2417 or email info@humhealth.org.

Guidelines for Consideration

- Recipient must be a child or youth 0-19 years of age.
- Recipient must be a current resident of Humboldt County.
- Assistance will be awarded based on financial need.
- Assistance for treatment will only be granted in circumstances in which emergency funds are needed, and in which there is no other identifiable source of funding available (i.e. insurance, government assistance, or other grant programs).
- **Both the Angel and the child's parent/guardian must sign the attached Agreement Form for the request to be eligible for grant consideration.**

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Recommendation for funds on behalf of an individual. Last name of person in need will be kept confidential.
Form must be filled out completely and submitted by the child's dental home.

A pre-treatment plan and signed Agreement Form must be attached for consideration.

Requested by (<i>Angel's Name</i>):		Date:	
Position/Job Title:			
Organization:			
Organization Mailing Address:		City, State, Zip:	
Phone:		Ext:	
		Fax:	
Email:			

REQUEST

Name:		Age & DOB:	
Family Monthly Income:		# of People in Household:	
City of Residence & Zip Code		Ethnicity:	
Insurance Provider:			
If person does not have insurance, why not? Have they applied for Medi-Cal/Care, etc.?			

Describe dental issues for this child and impediments to care:

How long has child has child been dealing with identified dental issues (chronicity)?			
Present dental provider:			
Please explain why the above dentist is unable to perform requested procedure(s)?			
Dentist to perform requested procedure(s):			
How will dental service delivery be assured?			
Amount Requested:			

Forward Requests to: Humboldt Health Foundation
363 Indianola Road
Bayside, CA 95524

info@humhealth.org
(707) 442-2417 office
(707) 442-2382 fax

Please do not write below this line. For office use only.

Action: _____	Date: _____	
	Amount: _____	Fund ID: _____
Payee: _____		Profile #: _____
_____		Grant #: _____