



DENTAL CLINIC FEE REDUCTION PROGRAM

City of Falls Church residents may request a reduction of Northern Virginia Dental Clinic costs. Requests must be made in writing using the “Request for Fee Reduction” application form and include supporting documentation. Requests will be evaluated based on overall household income and size relative to the Financial Assistance Eligibility Scale included with the application.

The Dental Clinic flat rate for each appointment is \$50. Additional fees are charged for biopsies and the fabrication of prosthetic appliances. All fees must be prepaid. Payment may be made in the form of cash, money order or check made out to the City of Falls Church.

APPLYING FOR A FEE REDUCTION:

1. Applications must be turned in a minimum of three weeks before the first appointment.
2. Household income is defined as the sum, on an annual basis of all pay, Social Security benefits, child support, social services allowances and other income for the household.
3. Department staff will examine the application and, if completed fully with supporting documentation, will determine the appropriate reduction in payment, if any, due for treatment.
4. All questions should be directed to the City of Falls Church Housing and Human Services, Monday through Friday, 8 a.m.-5 p.m. at 703-248-5005 (TTY 711) or HHSinfo@fallschurchva.gov.

City of Falls Church
Housing and Human Services
300 Park Avenue
Falls Church, VA 22046
703-248-5005 (TTY 711), Fax 703-248-5149
hhsinfo@fallschurchva.gov

Information furnished to the City of Falls Church Housing and Human Services will be maintained and disseminated for governmental purposes in accordance with the Virginia Freedom Information Act, Code of Virginia, Section 2.1.340 through 346.1, as amended, and the Privacy Protection Act of 1976, Code of Virginia Sections, 2.1-377 through 386, as amended. **Policy of Non-discrimination on the Basis of Disability:** The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703-248-5005, (TTY 711). The City of Falls Church does not discriminate on the basis of disability in its employment practices or in the admission to, access to, or operations of its services, programs, or activities. Cindy Mester, 300 Park Avenue, Falls Church, Virginia 22046 has been designated to coordinate compliance with the ADA non-discrimination requirement.

APPLICATION TO REQUEST DENTAL CLINIC FEE REDUCTION

This form must be submitted a minimum of three weeks prior to the first appointment.

The following documents should be provided with this application if applicable:

- ✓ **Proof of Income:** social security benefit statement, most recent income tax return, paystubs, unemployment benefits.
- ✓ **Proof of identification:** driver's license, DMV identification card or passport.
- ✓ **Proof of address:** lease, electrical bill, or telephone bill.

1. Name of Applicant(s): _____ DOB _____

Phone (H): _____ (W): _____

Address: _____

2. Names and yearly income of household members, including applicant(s) named above:

Name	Source of Income	Yearly Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Signature:

I certify that all the information on this application is true and correct and that all income is reported.

Signature

Date

FINANCIAL ASSISTANCE ELIGIBILITY SCALE *INCOME REFLECTS YEARLY GROSS INCOME FROM ALL SOURCES*

Household size	1-person	2-person	3-person	4-person	Patient pays
Qualifying Income Range \$	18,211 – 24,280	24,690 – 32,920	31,171 – 41,560	37,650 – 50,200	\$50
	15,176 – 18,210	20,576 – 24,690	25,976 – 31,170	31,376 – 37,650	\$35
	12,141 – 15,175	16,461 – 20,575	20,781 – 25,975	25,101 – 31,375	\$30
	9,106 – 12,140	12,346 – 16,460	15,586 – 20,780	18,826 – 25,100	\$25
	6,071 – 9,105	8,231 – 12,345	10,391 – 15,585	12,551 – 18,825	\$20
	0 – 6,070	0 – 8,230	0 – 10,390	0 – 12,550	\$15