

Project “Dental” Access Enrollment Information

Project “Dental” Access is a dentist led community effort to provide dental care for low-income and uninsured Spokane County residents. It is managed by the Spokane District Dental Society Foundation, a non-profit organization that coordinates volunteer dentist services. It is funded through grants and donations.

All patients must complete required forms, found on our website at www.sddsfoundation.com, prior to receiving dental care.

To be eligible the patient must:

- Be an adult over 19 years of age
- Working full or part-time, in school or job training (people over 65 are exempt)
- Reside within Spokane County
- Have no dental insurance
- Have a family income that does not exceed 200% of the Federal Poverty Level

Family of 1 = \$ 21,660	Family of 4 = \$ 44,100
Family of 2 = \$ 29,140	Family of 5 = \$ 51,580
Family of 3 = \$ 36,620	Family of 6 = \$ 59,060

Referrals are made from hospitals, community agencies, dentist, or self-referred. Patients may also be enrolled at the request of a participating private dentist who has an eligible patient already established on his/her caseload.

Dental care is specific to patient’s current symptoms and is not ongoing. It is not preventative care. An initial assessment will be done by a General Dentist who will determine a treatment plan, provide care and/or make referrals to specialist if needed. All care is scheduled through the SDDS Foundation office. When care is complete, enrollment ceases.

All scheduled appointments are to be kept. If a patient skips an appointment, the dentist will not continue to provide care.

Follow-up dental care in the community will be encouraged at the local clinics.

To apply for Project “Dental” Access services, patients must make copies of forms:

1. Completely fill out and sign the application.
2. Supply required information and return them by fax to (509) 465-2628 or mail to: SDDS Foundation, Project Dental Access, P.O. Box 4432 Spokane, Washington 99220
3. Check off items as you enclose them:
 - Completed and Signed Application- all 3 pages
 - A \$35 check made out to Project “Dental” Access – it is the application processing fee. No refunds.
 - Proof of residency in Spokane County (a copy of one of the following: WA State Drivers license or ID card, utility bill, lease agreement, school registration)
 - Current income documents: gross household income for last 30 days or if self employed for last 90 days
 - Current DSHS award or denial letter if you have applied
 - Release of information SIGNED both at the top and bottom

The application will be processed and the patient contacted. If you have questions about eligibility call 847-3450.