Alberta Health Services

Income Assessment for Reduced Fee Dental Care

- Complete the form
- Send your completed form by mail, fax, email, or bring it to one of the following clinics:

Sheldon M. Chumir Dental Clinic 1213 4th St. SW Calgary AB T2R 0X7
Fax: 403.955.6899 Phone: 403.955.6888

Northeast Dental Clinic (Sunridge Mall) 200 2580 32 St NE Calgary AB T1Y 7M8
Fax: 403.944.9779 Phone: 403.944.9999
Email: community.dental@ahs.ca (please use email for program application ONLY)

Fill out this section to find out if you are eligible for reduced fee dental services

Do you receive assistance from any of these government programs? (✓)

Program Name	Yes	No
Assured Income for the Severely Handicapped (AISH)		
Alberta Adult Health Benefit		
Alberta Senior's Benefit		
Alberta Student Finance Board Assistance *(Student Loans)*		
First Nations Social Services Income Support		

Did you answer **Yes** to any of the questions?

☐ Yes → STOP **You do not qualify for reduced fee dental services** These programs already provide you with dental benefits Please contact them if you have questions.

☐ No, Continue

Do you have a Notice of Assessment? *(A notice that is sent to you when you file a tax return)*

☐ No → Can you get one?
- ☐ No → STOP **Do not continue this form.** Use *Form 20933 Temporary Eligibility Assessment* to find out if you qualify for **emergency/urgent** dental services
- ☐ Yes, Continue

☐ Yes, Continue

Fill this out to find and show your family income *(Use Line 236 on your Notice of Assessment)*

Your yearly taxable income $_____

Your spouse/common law partner's taxable income $_____

Total Combined Household Income $_____

What is your family size? Number of persons_____
Includes: You + Your spouse/ partner + Number of children under age 18

Low Income Cut-off					
1 person	$ 25,921	4 persons	$ 48,167	7 or more persons	$ 68,598
2 persons	$ 32,270	5 persons	$ 54,630		
3 persons	$ 39,672	6 persons	$ 61,613		

Is your family income below the ◄ low-income cutoff?

☐ No → STOP

☐ Yes, Continue

Send/bring a copy of your Notice of Assessment for you and your spouse with this form

Fill this out for the person who is applying for reduced fee dental care

Last Name	First Name	Personal Health Number

Date of Birth *(yyyy-Mon-dd)*	Gender	Phone Number	Alternate Phone Number

Address	City/Town	Postal Code

Alberta Health Services collects health information in accordance with Section 20 of the Health Information Act (HIA) for the purpose of providing health services, determining eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have questions about this collection, please ask your health care provider or contact Manager, Public Health Dental Services 6th Floor, 1213 4th Street SW Calgary, AB T2R 0X7, Phone 403.955.6685.

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