Alberta Health Services

Temporary Eligibility Assessment for Reduced Fee Dental Care

- If you are having **temporary** financial difficulties and/or do not have a Notice of Assessment, use this form to apply for temporary assistance for EMERGENCY reduced fee dental care
- If you have a Notice of Assessment, fill out this form **and** form *19284 Income Assessment for Reduced Fee Dental Care*
- Send your completed form and **proof of income** 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 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

Fill this out to find your combined monthly household income ***(before taxes, not including child tax credits or GST credits)***

- Fill out the table using your income for the last 3 months.
- Include all sources of income for you and your spouse or common law partner (if applicable), in or outside of Canada.

Last 3 Months	Your income		Your spouse/common law partner's income		Combined Monthly Household Income
	$	+	$	=	$
	$	+	$	=	$
	$	+	$	=	$
Total Household income for the last 3 months					$

How many people live in your household? *(This includes: You + Your spouse or common law partner + Number of children under age 18)*	

Send/bring a copy of Proof of Income for you and your spouse/common law partner with this form. Proof of Income includes: Employment insurance statements or stubs, bank statements, letter from a Shelter or Social Worker etc.

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 any questions about this collection, please ask your health care provider or contact the Manager of Public Health Dental Services 6th Floor, 1213 4th Street SW Calgary, AB T2R 0X7, Phone 403.955.6685.

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