



# City of Hamilton Public Health Services Dental Clinic Application

City of Hamilton  
Healthy & Safe Communities  
Public Health, Dental Services  
110 King St., West, 3<sup>rd</sup> Floor  
Hamilton, ON L8P 4S6  
P: 905.546.2424 ext. 3789  
Fax: 905.546.2649

Note: If you are a sponsored immigrant or in Canada on a work or student visa you do not qualify for dental clinic services

1. Do you have dental insurance?    Yes    No    **If yes**, you must seek dental care at a private dental office.
2. Do you or anyone in your household receive any of the social service benefits listed below?
  - Ontario Works (OW)
  - Ontario Disability Support Program (ODSP)
  - Interim Federal Health (IFH)
  - Non-Insured Health Benefits (NIHB) for First Nations and Inuit
 Yes    No    **If yes**, who is the recipient?
3. Have you applied to the Special Supports Program?    Yes    No
4. Do you receive any other form of support? (i.e. Child Tax Benefit).    Yes    No
5. Have any of your family members been treated in our Dental Clinic before?  
Yes    No    **If yes**, when?

**Applicant:**

<b>Last Name</b>	<b>First Name</b>	<b>Birthdate (dd/mm/yy)</b>
Address	City	Postal Code
Home Phone #:	Work Phone #:	Cell Phone #:
Employed:    Yes    No    Current Employer:		
Are you self-employed?    Yes    No		
Are you enrolled full-time in a college or university?    Yes    No		

**Spouse / Partner:**

<b>Last Name</b>	<b>First Name</b>	<b>Birthdate (dd/mm/yy)</b>
Address	City	Postal Code
Home Phone #:	Work Phone#:	Cell Phone#:
Employed:    Yes    No    Current Employer:		
Are you self-employed?    Yes    No		
Are you enrolled full-time in a college or university?    Yes    No		

**(Please Turn Page Over)**

**List children and other family members living in the same household**

Name	Age	Birthdate (dd/mm/yy)	Enrolled in HSO? Yes or No	School / College University Name	Employed? Yes or No

**Note:** You must include copies of the most recent **Notice of Assessment(s) from the Canada Revenue Agency** for all adults, any employed children and other family members listed on this application. If self-employed, please provide **Statement of Business Activity**.

The information voluntarily included on this form is collected under the *Personal Health Information Protection Act*. The City of Hamilton's Public Health Services may use this information to plan or deliver public health programs and services, arrange payment for treatment and care, conduct continuous quality improvement activities, teach employees and students and comply with legal and regulatory requirements. Questions about the collection, use and disclosure of personal health information should be directed to the Public Health Services Privacy Officer at (905) 546-2424 ext. 2946 or [phsprivacy@hamilton.ca](mailto:phsprivacy@hamilton.ca)

I declare the information on this application is true and complete to the best of my knowledge. I understand that giving false or incomplete information or not advising of changes in my situation may result in suspension or termination of my family's treatment.

**I agree to abide by the City of Hamilton's policy on zero tolerance of harassment and violence.**

Signature:

Date:

**Mail, drop off or fax your completed application package to:**

City of Hamilton Dental Services  
110 King St., West, 3<sup>rd</sup> Floor, Hamilton, ON L8P 4S6  
Fax: 905.546.2649

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For Office Use Only, Comments:

Approved

Denied

Date:

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Michele Lunn  
Dental Clinic Supervisor