

2017 Colorado Dental Health Care Program for Low Income Seniors

Updated February 10, 2017

Basic Client Information:		Date of Assessment: / /	
*First Name:		*Last Name:	Middle Initial:
*Date of Birth: / /	Age:	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your primary language?		*What is your race?	*Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you visually impaired (cannot be corrected with glasses)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you receiving Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many people live in your household?	
What is your monthly income?		What is your monthly household income?	
*If you live alone, is your individual monthly income below \$1,005? <input type="checkbox"/> Yes <input type="checkbox"/> No		*If you have a spouse or partner, is your monthly household income below \$1,353? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use any assistive devices? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, which ones? _____	
*Residential Street Address:		Mailing Address - Street/P.O. Box:	
*Apartment or Unit # (if applicable):		Mailing City or Town:	
*Residential City or Town:		Mailing State:	Zip Code:
*Residential State:	Zip Code:	Email Address:	
*County of Residence:			
*Primary Phone # (including area code):		Secondary Phone # (including area code):	
Emergency contact name:		Relationship:	Phone Number:
Are you interested in receiving nutrition counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about our services?			
<input type="checkbox"/> AAA Brochure <input type="checkbox"/> AAA Newsletter <input type="checkbox"/> Channel 9 Senior Source (TV) <input type="checkbox"/> Congregate Meal Site <input type="checkbox"/> From a Current Client <input type="checkbox"/> From a Friend/Relative <input type="checkbox"/> Senior Fair <input type="checkbox"/> Walk-In <input type="checkbox"/> Web Site <input type="checkbox"/> Other _____			
Do you want to hear about other services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how can we contact you? <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	
When is the best time to contact you?		Please tell us what services you would like to receive:	

I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service provider and I herewith give my consent to do so.

(If filled out by assessor or via phone, please have assessor check here and sign below).

Signature _____

Date _____

2017 Colorado Dental Health Care Program for Low Income Seniors

What do you feel are your dental needs? *(Check all that apply)*

- Comprehensive Oral Exam
- Teeth Cleaning
- X-Rays
- Crowns and/or Bridge
- Dentures or Denture Repair
- Tooth/Teeth Extractions
- Fillings
- Other: _____

Do you have: *(check all that apply)*

- Medicare
- Medicaid
- Private Dental Insurance
- Colorado Indigent Care Program (CICP)
- Other: _____



AFFIDAVIT FOR LAWFUL PRESENCE

COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS

I, _____, swear of affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature	Date
-----------	------

FOR INTERNAL USE ONLY

Please mark the box that indicates which document was verified for lawful presence and keep a photocopy of the document present in the applicant’s file.

- A valid Colorado driver’s license or a Colorado identification card, issued pursuant to article 2 of title 42, C.R.S., or
- A United States military or a military dependent’s identification card, or
- A United States Coast Guard Merchant Mariner card, or
- A Native American tribal document, or
- A document listed in “LIST A” **(for U.S. citizens only)**, or
- Name of document accepted: _____
- A document listed in “LIST B” **(for non-U.S. citizens only)**.
- Name of document accepted: _____ Date verified in SAVE: _____

SELF AND THIRD-PARTY DECLARATION

Please Note: If the applicant is a United States citizen and is unable to present any of the documents listed on this form they may submit a written declaration or a third-party written declaration. These options should be used with caution and only as a last resort. The applicant must sign below.

I, _____, self-declare and swear or affirm under penalty of perjury, and possibly subject to later verification of status, that I am a United States citizen or non-citizen national.

Signature	Date
-----------	------

I, _____, swear or affirm under penalty of perjury, and possibly subject to later verification of status, that the attached written declaration(s) from one or more third-parties do have personal knowledge that I am a United States citizen or non-citizen national.

Signature	Date
-----------	------



COLORADO

Department of Health Care
Policy & Financing

ACCEPTABLE DOCUMENTATION FOR DETERMINING LAWFUL PRESENCE

LIST A (U.S. citizens only)

- A. Primary Evident (One document is needed): Identity can be proven by these same documents if they bear a picture.
1. Copy of applicant's birth certificate from any state, the District of Columbia and all U.S. territories.
 2. U.S. Passport, except for "limited" passports, issued for less than five years.
 3. Report of Birth Abroad of a U.S. Citizen, form FS-20.
 4. Certificate of Birth issued by a Foreign Service post (FS-545) or Certification of Report of Birth (DS-1350).
 5. Certification of Naturalization (N-550 or N-570).
 6. Certificate of Citizenship (N-560 or N-561).
 7. U.S. Citizen Identification Card (I-97). Note: these were last issued in 1974.
 8. Northern Mariana ID Card. Those born in the Northern Mariana Islands prior to 11/3/96 were collectively naturalized.
 9. Statement provided by a US consular officer certifying that the individual is a US citizen.
 10. American Indian Card with Classification code "KIC" and a statement on the back identifying US Citizen Members of the Texas Band of Kickapoo's.
- B. Secondary Evidence: If applicant cannot present one the documents listed above, the following may be relied upon to establish US citizenship or nationality:
1. Religious records recorded in one of the 50 states, the District of Columbia and U.S. territories, within three months after birth showing the birth occurred in such jurisdiction and the date of birth or the individual's age at time the record was made;
 2. Evidence of Civil Service Employment by the US Government before June 1, 1976;
 3. Early school records (preferably from the first school) showing the date of admission to the school, the child's date and place of birth and the names' and places of birth of the parents;
 4. Census record showing name, U.S. citizenship or a U.S. place of birth or age of applicant; or
 5. Any other documents that establish a U.S. place of birth or in some way indicates U.S. citizenship.

LIST B (Non-U.S. citizens and must be verified in SAVE)

1. INS Form I-551 (Alien Registration Receipt Card, commonly called or known as a "green card"); or
2. Unexpired Temporary I-551 Stamp in foreign passport or on INS Form I-94; or
3. INS Form I-94 annotated with stamp showing grant of asylum or under section 208 of the INA; or
4. INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)"; or
5. INS Form I-776 (Employment Authorization Document) annotated "A5"; or
6. Grant letter from the Asylum Office or INS; or
7. INS Form I-94 annotated with stamp showing admission under Section 207 of the INA; or
8. INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
9. INS Form I-766 (Employment Authorization Document) annotated "A3"; or
10. INS Form I-571 (Refugee Travel Document); or
11. INS Form I-94 with stamp showing admission for at least one year under Section 212(d)(5) of the INA; or
12. INS Form I-688B (Employment Authorization Card) annotated 274a.12(a)(10); or
13. INS Form I-766 (Employment Authorization Document) annotated "A10"; or
14. Order from an immigration Judge showing deportation withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the INA; or
15. INS Form I-94 with stamp showing admission under Section 203(a)(7) of the INA; or
16. INS Form I-688B (Employment Authorization Card) annotated "A3"; or
17. INS Form I-766 (Employment Authorization Document) annotated "A3"; or
18. INS Form I-551 (Alien Registration Receipt Card, known as the "Green Card") with the code CU6, CU7, or CH6; or
19. Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6, CU7, or CH6; or
20. INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

NOTE: If an applicant has a disability that limits the applicant's ability to provide the required evidence of immigration status (e.g., amnesia, or other cognitive, mental or physical impairment), you should make every effort to assist to obtain the required evidence.