

EICAP HEAD START
Follow-Up Funds for Medical and Dental Needs

Child's Name _____ Doctor's Name _____

Head Start has follow-up funds for Medical and Dental needs as well as funds to pay for a Well Child Health Appraisal and Oral Exam (once a year only) when all other avenues of funding have been exhausted. **You will need to show verification that you have been denied financial aid of any kind. WE NEED THE GUESSTIMATION FROM THE DOCTOR AS TO WHAT THE COST WILL BE BEFORE YOU GO TO THE DOCTOR FOR TREATMENT.**

Parents/Guardians do you have the following?

Private Health Insurance? Yes No
Private Dental Insurance? Yes No
Medicaid Insurance? Yes No

Were you just denied?
Medicaid due to a recent adjustment
in your income? Yes No
(If yes, you will need verification)

Do you have any kind of Medical or Dental Insurance? Yes No
What Kind? _____

Have you exhausted all avenues of financial assistance? Yes No

If you are in need of assistance from Head Start, we will need written information from your Doctor/Dentist:

1. **What work needs to be done?**
2. **How much will the work cost?**

A Purchase Order is required to be filled out and completed for Head Start before the work will be done.

Parent/Guardian Signature _____
Date returned to Center and Advocate's name returned
to _____