



## Niagara Falls Community Health Centre

Dental Team: 4790 Victoria Ave, Niagara Falls, ON L2E 4C2 • Phone: 905-356-2288 • Fax: 905-358-8398 • www.nfchc.ca

### Applicant Information

<b>Legal Name:</b>	First	Last
<b>Preferred Name:</b>	First	Last
<b>Birthdate:</b>	mm / dd / yy	
<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Other: <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer	
<b>Phone number:</b>	<input type="checkbox"/> Cell:	<input type="checkbox"/> Home:
<b>Address:</b>	Street	Apartment #
	City	Province      Postal Code
<b>Emergency Contact:</b>	Name	Phone Number
	Address	Relationship
<b>Are you enrolled in full-time College or University?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Are you (check the most applicable option):</b>	<input type="checkbox"/> Canadian Citizen?	<input type="checkbox"/> Permanent Resident?
	<input type="checkbox"/> Work Visa?	<input type="checkbox"/> Student Visa?
	<input type="checkbox"/> Refugee?	<input type="checkbox"/> Sponsored?

- Do you have dental insurance?**  No       Yes
- Do you or any family members within your household receive social assistance?**  No       Yes, please check below:  
 Ontario Works (OW)       Ontario Disability Support Program (ODSP)       Interim Federal Health
- Do you meet the income requirements?** Please refer to the LICO table. This information can be found on line 150 of your Notice of Assessment.  
 No       Yes

The following table shows LICO for 2022\* as you see the LICO changes based on the household number.

Size Family Unit	LICO -12 Months
one person	\$26,620
two persons	\$33,140
three persons	\$40,742
four persons	\$49,466
five persons	\$56,104
six persons	\$63,276
seven persons	\$70,448
If more than seven persons, for each additional person, add	\$7,172

**Note: Copies of the most recent Notice of Assessment(s) must be provided for all applicants.**

#### Client Consent

Client was provided with following information:

- At Niagara Falls Community Health Centre, a new patient record will be created under your name to store your Personal Health Information (PHI).
- Your PHI will be held with confidentiality and security.
- Your PHI will be used to treat and provide care for you by the health care providers involved in your **circle of care**, and may include dentists, dental assistants, dental hygienists, physicians, nurse practitioners, nurses, outreach workers, and other specialists.
- For all other uses/disclosures of your PHI and legal obligations, please visit [www.nfchc.ca/privacy](http://www.nfchc.ca/privacy). You can access and correct your PHI or withdraw this consent anytime by contacting the NFCHC.
- If you are unable to provide a Notice of Assessment at your first appointment, you can attest to meeting the income requirements.
- If you are unable to provide a Notice of Assessment at your first appointment, you acknowledge and understand, that to continue dental care, you must provide your most recent Notice of Assessment.

By providing consent, you agree that all the provided information is true and authorize the Niagara Falls Community Health Centre to provide you with necessary dental services and support.

Client Name: \_\_\_\_\_ DOB (MM-DD-YY): \_\_\_\_\_

Signature Client: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Guardian or Substitute Decision Maker (if applicable): \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature Guardian/SDM: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by (insert staff name and position): \_\_\_\_\_

- Approved, date:
- Denied, date: