



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

Legal Name:	First	Last	
Preferred Name:	First	Last	
Birthdate (MM/DD/YY):			
Gender:	<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		
Phone number:	<input type="checkbox"/> Cell:	<input type="checkbox"/> Home:	
Address:	Street	Apartment #	
	City	Province	Postal Code
Emergency Contact:	Name	Phone Number	
	Address	Relationship	
Are you enrolled in full-time College or University?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you (check the most applicable option):	<input type="checkbox"/> Canadian Citizen?	<input type="checkbox"/> Permanent Resident?	<input type="checkbox"/> Refugee?
	<input type="checkbox"/> Work Visa?	<input type="checkbox"/> Student Visa?	<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 2021* as you see the LICO changes based on the household number.

Size of Family Unit	LICO – 12 Months
one person	\$26,426
two persons	\$32,898
three persons	\$40,444
four persons	\$49,106
five persons	\$55,694
six persons	\$62,814
seven persons	\$69,934
If more than seven persons, for each additional person, add	\$7,120

Note: Copies of 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. 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 (NFCHC) 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: