Volusia County Human Services Dental Assistance Application Requirements

All requirements listed below must be provided to our office at the time of the scheduled appointment or when trying to receive services as a walk-in. Additional documents may be required at staff request. Only complete packets will be accepted, which includes verification for <u>ALL MEMBERS OF THE HOUSEHOLD</u>. Any incomplete application or documentation will not be accepted and will result in a forfeit of the appointment or an appointment not being made.

VERIFICATION DOCUMENTS

No Form of Dental Insurance o Applicant must **not** have any form of dental insurance. o An applicant may have Medicaid or another form of health insurance but dental insurance is the disqualification. Another member in the household may have dental insurance but not the applicant. Identification (may not be more than 1 year expired) o Adults (18+): Driver's license, State ID, or U.S. Passport. o Minors (17 and younger): Driver's license or State ID, official birth certificate, immunization records (DH Form 680), or U.S. Passport. Identification is exempted if newborn is 60 days or younger at date of application. Document must show date of birth. **Social Security Number Verification** Social security card, income tax statement, or social security award letter. A social security number is not required if newborn is 60 days or younger. **Volusia County Residency** A current lease, mortgage statement, or property tax statement must be provided exhibiting a Volusia County address. The head of the household must sign a document verifying all persons residing in the household, including minors, not listed on either the lease or mortgage statement. o A statement on a Volusia County homeless shelter's letterhead exhibiting how long a household has been staying at their shelter is acceptable. **Income Guidelines** All income sources for all household members must be provided for the previous 30 days from the application date. o Gross income must be at 150% of the federal poverty guidelines. See the next page exhibiting income threshold amounts by persons in the household. o For adults (18+) who have not received any income within the previous 30 day period must complete and sign a "Self-Declaration of Income" form. **Verification of Public Assistance:** Current award letter (year) with benefit amount for: SNAP, Section 8/HUD/THA, or other public assistance program if applicable. Official Application: Upon arriving to a Human Services' office, applicant will be required to complete and sign an official application package. Note- Human Services only authorizes assistance for dental extractions. Any other form of dental work needed

will not be approved.

INCOME GUIDELINES

People in the Household	150%	
One	\$18,210	
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Two	\$24,690	
Three	\$31,170	
Four	\$37,650	
Five	\$44,130	
Six	\$50,610	
Seven	\$57,090	
Eight	\$63,570	
For each additional person in the		
household, add:	\$6,480	

OFFICE LOCATIONS

Office	Address	City, State Zip	Phone #
DeLand	123 W. Indiana Ave.	DeLand, FL 32720	(386) 736-5956
Orange City	775 Harley Strickland Blvd.	Orange City, FL 32763	(386) 775-5204
New Smyrna Beach	717 W. Canal St.	New Smyrna Beach, FL 32768	(386) 423-3309

^{*}To schedule an appointment at a Daytona Beach satellite location, please contact the DeLand office.

Assistance for emergency dental and prescription is available Monday through Friday. Electric assistance is also available Monday through Friday. Services for rent, mortgage, water, or fuel are only available on Tuesday and Thursday. The DeLand and Orange City offices accepts a limited number of walk-in/same-day applicants based on a first-come first-served basis if all documentation is present at time of sign-in. Please contact an office for additional information or to schedule an appointment.