



# School Based Health Centers

## Dr. Reginald Mayo Early Learning Center

### Dental Registration and Consent Form

**School Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Dear Parent or Guardian:** Our School Based Health Center is pleased to provide dental services at your child's school during school hours. Please fill out this form and return it to the school with your child to enroll in the program. A dental hygienist will provide these services during school hours: Dental screenings, prophylaxis (cleaning), fluoride treatment, Oral health instruction/nutritional counseling and sealants.

*\*Dr. Reginald Mayo Early Learning Center is in partnership with Head Start and New Haven Board of Education*

Student Information/Medical History	_____			
	Last Name	First Name	MI	Date of Birth
	_____			
	Street Address	City	State	Zip
	_____			
	Home Phone	Cell Phone	Email Address	
	_____			
	Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
	Preferred Language Spoken: _____ Preferred Language Written: _____			
	Need Interpreter or special accommodation for communication: _____			
Which Category or Categories Best Describe Your Race?				
<input type="checkbox"/> Black/African American			<input type="checkbox"/> American Indian/Alaska Native	
<input type="checkbox"/> Filipino			<input type="checkbox"/> Middle Eastern or Northern African	
<input type="checkbox"/> Japanese			<input type="checkbox"/> Samoan	
<input type="checkbox"/> Guamanian or Chamorro			<input type="checkbox"/> White	
<input type="checkbox"/> Korean			<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Pacific Islander			<input type="checkbox"/> Asian	
Ethnicity: <input type="checkbox"/> Hispanic or Latina/o <input type="checkbox"/> Not Hispanic or Latina/o <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't know				
Choose Ethnic Background* (See attached) _____				
<b>Do you have a dentist?</b> Yes or No				
If yes, please specify: _____				
_____				
Does your child have any medical conditions? _____				
Does your child take any medications? _____				
Does your child have any allergies? _____				
Please circle one:				
Heart condition: Yes No				
Seizure condition: Yes No				
Bleeding disorder: Yes No				
Surgeries: Yes No				
If yes please explain: _____				

Parent/Guardian Information	_____			
	Last Name	First Name	MI	Date of Birth
	_____			
	Street Address	City	State	Zip
	_____			
Home Phone	Cell Phone	Work phone	Email Address	
_____				
Emergency Contact Person	Emergency Number			
_____				
<p><b><i>As a community health center, it's important for us to know the population we are serving in order to provide the best care possible. ALL INFORMATION IS CONFIDENTIAL</i></b></p>				
Is your family currently experiencing Homelessness: Yes/No				
Does your family live in Public Housing or Section 8: Yes/No				
Current Residence: <input type="checkbox"/> Private Residence <input type="checkbox"/> Doubling up/living with others <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Street				
<input type="checkbox"/> Transitional <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Group Home <input type="checkbox"/> Unknown				
Are you a farm worker or migrant worker? <input type="checkbox"/> Farm Worker <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Neither				
Veteran status? Yes/No				
*Please see attached graph for the following:				
*Family Size: _____ *Monthly Income Category (A/B/C/D/E)				
Insurance Information	_____			
	Primary Dental Insurance	Insurance ID/Medicaid ID #	Group #	
	_____			
	Policy Holder's Name	Policy Holder's Date of Birth	Policy Holder's Social Security Number	
	_____			
<b>Does your family have insurance?</b> Yes/No				
If not, would you like to be referred to Cornell Scott Hill Health Center Eligibility and Enrollment Department? *Yes/No				
*A member of our CS-HHC staff will reach out to you.				

### PARENTAL CONSENT TO TREAT

I give permission to the above-named student to use the services provided by the CS-HHC School Based Health Center (SBHC). I understand that this authorization is valid as long as my child is enrolled in Dr. Reginald Mayo Early Learning Center or until I revoke this authorization.

As the parent/guardian of the above, I understand that I may revoke permission at any time for any reason and that I may add to or subtract from the services I do not want my child to receive by informing the SBHC in writing that I wish to withdraw or change my permission/instructions.

I consent to receiving phone calls regarding services my child receives or may be eligible to receive.

Furthermore, I give permission to CS-HHC to release information regarding treatment and/or services to the above insurance providers for purposes of billing. I authorize payments to be made directly to the agency providing services. I also agree to receive a copy of CS-HHC Notice of Privacy Practices which can be accessed directly at the SBHC or from our website: <https://www.cornellscott.org/about/notices-policies-and-statements>.

By signing this consent form, I certify that I am the legal guardian and legal custodian of the student named above. I have read, understand, and agree with each of the above paragraphs and certify that all the information provided is true and complete. I understand that CS-HHC may verify information on this form.

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

**\*Please circle ethnic background:**

**American Indian or Native American**

- Alaska Native
- Cherokee
- Iroquois
- Mashantucket Pequot
- Mohegan

**Asian**

- Asian Indian
- Bangladeshi
- Bhutanese
- Bruneian
- Burmese / Myanma
- Cambodian
- Chinese
- Filipino
- Hmong
- Indonesian
- Japanese
- Kazakhstani
- Korean
- Kyrgyz
- Laotian
- Malaysian
- Maldivians
- Mongolian
- Nepalese
- Pakistani
- Singaporean

**Black, African American or African**

- African
- American
- Angolan
- Batswana
- Beninese
- Bissau-Guinean
- Burkinabe
- Burundian
- Cameroonian
- Cape Verdean
- Central African
- Chadian
- Comorian
- Congolese
- Djiboutian
- Equatoguinean
- Eritrean
- Ethiopian
- Gabonese
- Gambian
- Ghanaian
- Guinean
- Ivorian
- Kenyan
- Liberian
- Malagasy
- Malawian
- Malian
- Mauritanian
- Mauritian
- Mosotho
- Mozambican
- Namibian
- Nigerian
- Nigerien
- Rwandan
- Sao Tomean
- Senegalese
- Seychellois
- Leonean
- Somalian
- South African
- South Sudanese
- Sudanese
- Swazi
- Tanzanian
- Togolese
- Ugandan
- Zambian
- Zimbabwean
- *Black or African background not listed here*

**Caribbean**

- Anguillan
- Antiguan and Barbudan
- Aruban
- Bahamian
- Bajan or Barbadian
- Belizean
- Bermudian
- British Virgin Islander
- Caymanian
- Curaçaoan
- Dominican (Dominica)
- Dominican (DR)
- Grenadian
- Guadeloupien
- Guianese
- Guyanese
- Haitian
- Jamaican
- Kittitian or Nevisian
- Martinican
- Montserratian
- Saint Lucian
- Saint Martiner
- Sint Maartener
- Amerindian
- Surinamese
- Trinidadian & Tobagonian
- Turks and Caicos Islander
- Vincentian
- *Caribbean background not listed here*

**European**

- Albanian
- Austrian
- Belarusian
- Belgian
- Bosnian
- Bulgarian
- Croatian
- Cyriot
- Czech
- Danish
- Dutch
- English
- Estonian
- Finnish
- French
- German
- Greek
- Hungarian
- Icelander
- Irish
- Italian
- Latvian
- Liechtensteiner
- Lithuanian
- Luxembourger
- Macedonian
- Maltese
- Moldovan
- Monegasque
- Montenegrin
- Northern Irish
- Norwegian
- Polish
- Portuguese
- Romanian
- Russian
- Sammarinese
- Scottish
- Serbian
- Slovak
- Slovenian
- Swedish
- Swiss
- Ukrainian
- Welsh
- *European background not listed here*

**Hispanic, Latino/a/e or Spanish**

- Argentinian
- Bolivian
- Brazilian
- Chilean
- Colombian
- Costa Rican
- Cuban
- Dominican (DR)
- Ecuadorian
- Guatemalan
- Honduran
- Mexican, Mexican American or Chicano/a
- Nicaraguan
- Panamanian
- Paraguayan
- Peruvian
- Puerto Rican
- Salvadorian
- Spaniard
- Uruguayan
- Venezuelan
- *Hispanic or Latino/a/e background or Spanish origin not listed here*

**Middle Eastern or Northern African**

- Algerian
- Arab
- Armenian
- Azerbaijani
- Bahraini
- Egyptian
- Emiratis
- Georgian
- Iranian
- Iraqi
- Israeli
- Jordanian
- Kuwaiti
- Lebanese
- Libyan
- Moroccan
- Omanis
- Palestinian
- Qatari
- Saudi Arabian or Saudi
- Sudanese
- Syrian
- Tunisian
- Turkish
- Yemeni
- *Middle Eastern or Northern African background not listed here*

**Native Hawaiian or Pacific Islander**

- Australian
- Cook Islander
- Fijian
- French Polynesian
- Guamanian or Chamorro
- Kiribatian
- Marshallese
- Micronesian
- Native Hawaiian
- Nauruan
- New Caledonia - Melanesians, Kanak
- New Zealander
- Kiwis
- Niuean
- Northern Mariana Islander
- Palauan
- Papua New Guinean
- Samoan
- Solomon Islander
- Tokelauan
- Tongan
- Tuvaluan
- Vanuatuan
- Wallisian or Futunan
- *Native Pacific Islander background not listed here*

**North American**

- American
- Canadian

## 2025 FEDERAL POVERTY LEVEL GUIDELINE

<b>Family Size</b>	<b>Category A 0-100%</b>	<b>Category B &gt;100%- 125%</b>	<b>Category C &gt;125%- 150%</b>	<b>Category D &gt;150%- 175%</b>	<b>Category E &gt;175%-200%</b>
1	\$0- \$15,650	\$15,651- \$19,562.50	\$19,562.51- \$23,475	\$23,476- \$27,387.50	\$27,387.51- \$31,300
2	\$0- \$21,150	\$21,151- \$26,437.50	\$26,437.51- \$31,725	\$31,726- \$37,012.50	\$37,012.51- \$42,300
3	\$0- \$26,650	\$26,651- \$33,312.50	\$33,312.51- \$39,975	\$39,976- \$46,637.50	\$46,637.51- \$53,300
4	\$0- \$32,150	\$32,151- \$40,187.50	\$40,187.51- \$48,225	\$48,226- \$56,262.50	\$56,262.51- \$64,300
5	\$0- \$37,650	\$37,651- \$47,062.50	\$47,062.51- \$56,475	\$56,476- \$65,887.50	\$65,887.51- \$75,300
6	\$0- \$43,150	\$43,151- \$53,937.50	\$53,937.51- \$64,725	\$64,726- \$75,512.50	\$75,512.51- \$86,300
7	\$0- \$48,650	\$48,651- \$60,812.50	\$60,812.51- \$72,975	\$72,976- \$85,137.50	\$85,137.51- \$97,300
8	\$0- \$54,150	\$54,151- \$67,687.50	\$67,687.51- \$81,225	\$81,226- \$94,762.50	\$94,762.51- \$108,300
<b>Each additional person add</b>	\$5,500	\$6,875	\$8,250	\$9,625	\$11,000
					<b>UPDATED 01/2025</b>