



JOHN G. LOCKE D.D.S. PEDIATRIC DENTAL PROGRAM
BROUGHT TO YOU BY THE FOODBANK NETWORK OF SOMERSET COUNTY, INC.

- A program that provides regular dental care and treatment.
 - ✓ Regular hygienist check ups
 - ✓ Triage and referral to reputable dental professionals
 - ✓ Dental health education
 - ✓ Appointment services
 - ✓ Dental care services from dental professionals within Somerset County
 - ✓ Quick response to dental emergencies

- Who is eligible?
 - ✓ Children aged 5 - 18 yrs old in full time education
 - ✓ Those without dental insurance
 - ✓ Children of the working poor

- How much does it cost?
 - ✓ Cleanings and treatment are provided free of charge by the participating dentists to qualified children

- What is required?
 - ✓ Signed parent/guardian consent for treatment
 - ✓ A parent/guardian must accompany child on appointments
 - ✓ Appointments must be kept or disqualification from the program can occur

- Must you have dental problems to qualify?
 - ✓ No. We offer hygienist appointments to avoid dental problems before they begin as well as treatment for pre existing conditions

- How can I apply or get more information about the program?
 - ✓ Email jglpdp@hotmail.com, mail the attached completed forms to JGLPDP, c/o Food Bank Network of Somerset County, P.O. Box 149, Bound Brook NJ 08805-0149 or fax them to (908) 758 5878.

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DENTAL PROGRAM APPLICATION

Name(s) of child(ren) (First, middle initial, last)	Name of School	Date of birth

PARENT/GUARDIAN NAME: _____ RELATION: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE NO: _____ SIZE OF FAMILY: _____
 OCCUPATION: _____ ANNUAL INCOME: \$ _____
 DOCTOR'S NAME: _____ PHONE NO: _____
 DOCTOR'S ADDRESS: _____

DATE OF LAST VISIT: _____

1. Is the child enrolled in Medicaid or any dental insurance? Yes No
2. Is the child 18 or younger and enrolled in school? Yes No
3. Do the parent(s)/guardians have full time employment? Yes No
4. When was the child's/children's last dental visit? _____

Please answer all questions to ensure eligibility.

The above information is correct and true to the best of my knowledge.

I/We understand that appointments must be kept unless 24 hours notice is given.

Parent/Guardian Signature

_____/_____/_____
Date

Mail this completed form to:

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