

Oral Health Application

SECTION 1: Personal Details

Full Name:

Date of Birth:

Ethnicity:

Address:

Email Address:

Mobile Phone Number:

What General Practice do you belong to:

SECTION 2: Criteria

Please click the boxes below to confirm that you meet each of the following criteria:

Not eligible for the \$1,000 Work and Income (WINZ) grant

Working but in a situation where dental care is not affordable

Minimal savings or disposable income

Have an immediate need for essential dental treatment that is affecting your day-to-day quality of life

Reside in the Clutha District

A New Zealand citizen, a permanent resident, or on a two-year working visa

Over 18 years old

SECTION 3: Additional Information

Current dental issue (brief description):

Any relevant medical history:

How would this treatment make a difference to your wellbeing?

Signature:

Date:

SECTION 4: Completed Form

Email completed form to dental@chf.co.nz or drop into Clutha Health First Main Reception.

Please note: Submission of this form does not guarantee your application will be successful. All applications will be assessed on a case-by-case basis.