



C.A.R.E. Preventative Dental Program

UCAAN's Caries & Restorative Education Program Participant Application

Date: _____

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Relation: _____

Diagnosis: _____ Diagnosis Date: _____

What treatments are you receiving? _____

Where are you currently being treated? _____

Who Referred You? _____

What Do I Need to Complete?

- Please include this completed application, make sure to sign & date.
- A letter from your doctor or a social worker confirming your diagnosis & financial need.
- Please fill out the additional paperwork from the Dentist office and send one copy to UCAAN and save one for when you get your referral approval letter from UCAAN.

I understand that I am receiving a fluoride topical varnish every 6 months through UCAAN's CARE Preventative Dental Program at no cost to me, as long as the program is active. UCAAN & the partnering dentist will not be held liable for anything in relation to this program being offered. I have decided to participate in this program of my own free will.

I will send a thank you letter and photo to UCAAN so that they can utilize it to obtain more donations to help this and various other programs through this organization.

Signature: _____ Date: _____

Please scan & send completed application & paperwork to UCAANorg@yahoo.com or Mail all completed paperwork to: UCAAN, C/O UCAAN CARE – PO Box 2659 - Moorpark, CA 93020

Once approved for the program you will receive a Referral letter and instructions on how to set up your appointment with the dentist.

Have Questions? Contact us:UCAANorg@yahoo.com or Via text/call 805-479-1032