BRITISH COLUMBIA | Ministry of Children and Family Development

REQUEST FOR DENTAL/ORTHODONTIC BENEFITS

The personal information collected on this form will be used for the purpose of providing At Home Program benefits and will be treated confidentially in compliance with the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be directed to the Director, Children and Youth with Special Needs Branch, (250) 952-6044, PO Box 9719 Stn Prov Govt, Victoria, B.C. V8W 9S1.

If you are seeking dental or orthodontic treatment under the At Home Program, the program may assist with the costs of extraordinary dental/ orthodontic treatment directly related to the child's disability only.

PART 1 TO BE COMPLETED BY THE PARENT/GUARDIAN

NAME OF CLIENT	DATE OF BIRTH (YYYY/MM/DD)	PHONE NUMBER ( )
ADDRESS	CITY/TOWN	POSTAL CODE

Is the child eligible for a federal/provincial or employer-sponsored dental insurance plan? ☐ YES ☐ NO

If Yes, have you applied for funding through that plan? (please explain)

NAME OF PARENT	SIGNATURE OF PARENT	DATE SIGNED (YYYY/MM/DD)

PART 2 TO BE FILLED OUT BY THE PHYSICIAN, DENTIST OR ORTHODONTIST

MEDICAL DIAGNOSIS/ DISABILITY

DENTAL/ ORTHODONTIC TREATMENT REQUIRED *

* For dental benefits, please attach a detailed treatment plan listing fee codes and amounts, and for orthodontic benefits, provide a treatment plan and records.

Please provide a clear justification for this dental/orthodontic treatment, demonstrating how it relates to the child's medical diagnosis or disability.

NAME OF PHYSICIAN/DENTIST/ ORTHODONTIST	SIGNATURE OF PHYSICIAN/DENTIST/ ORTHODONTIST	DATE SIGNED (YYYY/MM/DD)

MAIL OR FAX COMPLETED FORM TO:

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
PO BOX 9763 STN PROV GOVT
VICTORIA BC V8W 9S5
FAX NUMBER: (250) 356-2159
PHONE NUMBER: 1-877-210-3332 (Toll Free)