**Interfaithpatient.com**

**1a. Who is filling this form out?** Drop down box – Head of Household, Caseworker, Staff

After drop down box:

Your name:

Email:

Phone:

**1b. Patient Information**

Name:

Email:

Phone #:

Age:

# of people including myself wanting care

**BIG BOX = If aged 60+ click here (link** [**www.smileon60plus.com**](http://www.smileon60plus.com)**)**

**2. County – Select county where you live**

**County – Select county where you work**

**If anyone in your family works in another county, please select below**

(drop down of all TN counties and option I don’t live in TN for each question)

If one of the 10 counties we serve selected in any question continue. If a county selected we don’t serve, submit a message offering other resources and tooth pulled message.

***You have selected a county we currently do not serve. Here are clinics across the state of TN you can call to inquire about services UNLESS you urgently need a tooth pulled. If you need an emergency extraction, we can help, click here.***

\*Counties we serve: Cheatham, Davidson, Dickson, Robertson, Rutherford, Sumner, Williamson, Wilson, Cannon, Bedford

Link for resources - <https://www.tnoralhealth.org/safety-net-directory-2>

If need a tooth pulled, click here is selected continue with form

**3. Referrals – Are you being referred to Interfaith Dental?**

Drop down – Medical Clearance/Physician/Hospital/Clinic (route to med clearance section), Magdalene Program, End Slavery TN, Mercury Courts, Dismas House, Shadetree, Connectus, Bethany Children’s Services, Siloam Health, Rest Stop Ministries, St. Louise, Faith Family Medical, Primary Care & Hope Clinic

**Medical Clearance**

**Name of Physician/Hospital/Clinic Referring You:**

**Phone #:**

**4. Do you have dental insurance?**

If yes, moves to what type of insurance question

If no, moves to question 5

**If yes, what kind of dental insurance do you have?**

**BCBS Bluecare Plus (HMO SNP)**

**Cigna Healthspring TotalCare (HMO SNP)**

**Humana Gold Plus (SNP-DE)**

**Humana Gold Plus (HMO SNP)**

**UHC Dual Complete (HMO SNP)**

**UHC Dual Complete One (HMO SNP)**

**UHC Dual Complete ONE Plus (HMO SNP)**

**Other**

**5. Please select the program(s) you are already enrolled in:**

**Medicaid**

**SNAP (Supplemental Nutrition Assistance Program)**

**SSI (Supplemental Security Income)**

**Families First (Temporary Assistance for Families)**

**None of the Above**

**6. Are you or anyone seeking care pregnant?**

**Yes or No**

**7. What led you to Interfaith Dental and why do you want to be a patient?**

Long form text box

**8. What is your dental need?**

Tooth pulled

Complete care

Things I think I need

**9. Total Gross Annual Income For Family** (with explanation to include what gross income is including – child support, etc.)

**Including yourself, what is the number of people in your family/household that live with you?** (calculate if they fall on scale and qualify)

10. Either qualify or don’t qualify –

Qualify – explain (and then place in buckets/BI data)

Don’t qualify – explain and offer Link for resources - <https://www.tnoralhealth.org/safety-net-directory-2>