

Healthy Smiles Ontario

Parent Notification Form

Emergency and Essential Services Stream (HSO-EESS)

Please return this form to:

Public Health Unit: Simcoe Muskoka District Health Unit

Address: Barrie By the Bay
403-80 Bradford St.
Barrie, ON L4N 6S7

Phone: 705-721-7520 X8804 Fax: 705-734-9369

Public Health Unit (PHU) Use Only

Client's Name: Murphy Molar

Section 2A – Client would suffer financial hardship if they had to pay for treatment

Please answer the questions below.

1. Is your household income at a level where you could receive the Ontario Child Benefit?
If you are not sure, please contact your local public health unit. ☒ Yes ☐ No
2. If you paid for the treatment, would your household suffer financial hardship resulting in any one of the following:
 - a) Inability to pay rent/mortgage;
 - b) Inability to pay household bills;
 - c) Inability to buy groceries for the family; or
 - d) The child/youth or family will be required to seek help from a food bank in order to provide food. ☒ Yes ☐ No

If you answered NO to BOTH of the questions:

You **do not** meet the financial eligibility requirements for the Emergency and Essential Services Stream of Healthy Smiles Ontario. Please complete Section 1 and mail or drop off your completed form to your public health unit at the address listed above.

If you answered YES to either question:

You meet the financial eligibility requirements for the Emergency and Essential Services Stream of Healthy Smiles Ontario. Please complete all of Section 2 and mail or drop off your completed form to your public health unit at the address listed above.

Section 2B – Applicant Information

Applicant is the: (choose one)

- ☒ Custodial Parent
- ☐ Legal Guardian
- ☐ Youth – completing for yourself

Last Name

Molar

First Name

Max

Telephone Number

705-123-4567

Middle Name (if applicable)

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Client's Name: Murphy Molar

Residential Address

Unit Number	Street Number	Street Name
	1	Happy Street
City/Town	Province	Postal Code
Barrie	on	A1B 2C3

Mailing Address ☒ Indicate (✓) if same as Residential Address

Unit Number	Street Number	Street Name
	1	Happy Street
City/Town	Province	Postal Code
Barrie	on	A1B 2C3

Section 2C – Client Information (Child/Youth)

Last Name	
Molar	
First Name	Middle Name (if applicable)
Murphy	
Date of Birth (yyyy/mm/dd)	Sex
2023/01/01	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
School (if applicable)	
Sunny Public School	

Section 2D – Other Insurance

Children/youth with other dental insurance can enrol in Healthy Smiles Ontario but are required to use their own insurance first before using the coverage under the Healthy Smiles Ontario Program.

Does your child have insurance coverage that includes dental benefits? ☐ Yes ☒ No

Families and/or youth who are unable to afford to access other insurance first, may be exempted from this requirement and may be treated by the Healthy Smiles Ontario Program as first payer.

Are you able to afford to access other insurance first? ☐ Yes ☒ No

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Client's Name: Murphy Molar

Section 2E – Terms and Conditions and Consent

I declare that:

- The client for whom this Healthy Smiles Ontario – Emergency and Essential Services Stream (HSO-EESS) Application is being completed meets the eligibility requirements for the HSO-EESS;
- I have not misrepresented information about the client, myself or my household and understand that any misrepresentation may result in the immediate removal of the client from HSO-EESS, and that the Government of Ontario may seek reimbursement for any services that were rendered while the client was ineligible for the program;
- I understand that the information on this application may be subject to audit and verification and that I must immediately report any changes that may affect the eligibility of the client to the Ministry of Health;
- I understand that the mailing address provided in Section 2B of this Application form will be the mailing address used for the client listed;
- I understand that only certain dental procedures are covered under HSO-EESS, as listed in the Healthy Smiles Ontario Program Schedules of Dental Services and Fees and I am responsible for paying for services not covered or paid for under HSO-EESS;
- I understand that where possible any existing public or private dental insurance coverage for the client listed must be utilized before resorting to HSO-EESS;
- I understand that if the client listed has other insurance coverage, I may be asked to send further information about that coverage from the insurance carrier;
- I understand that if I am unable to afford to access my other insurance first, I can be treated under the HSO-EESS as first payer;
- I understand that the Healthy Smiles Ontario dental card is valid for up to 12 months starting from the registration date and will expire either at the end of the 12 month period or on the 18 birthday of the client listed, whichever date is earlier;
- I consent to the collection, use and disclosure of any of the information included on this form or submitted in connection with this form by and among my dental services providers(s), the relevant board of health (public health unit) and the Ministry of Health (MOH); and
- I also consent to the collection use and disclosure of related treatment information among my dental service provider(s), the relevant board of health and the MOH for the purpose of follow-up, case management, program administration and reporting, and evaluation.

Signature of Parent/Guardian/Youth

X *Max Molar*

Date (yyyy/mm/dd)

2023/11/05

The completed form must be mailed, faxed or delivered to the public health unit at the address at the top of this page within 20 business days.