JOHN G. LOCKE D.D.S. PEDIATRIC DENTAL PROGRAM
Brought to you by The Foodbank Network of Somerset County, Inc.

- A program that provides regular dental care and treatment.
  ✓ Regular hygienist check ups
  ✓ Triage and referral to reputable dental professionals
  ✓ Dental health education
  ✓ Appointment services
  ✓ Dental care services from dental professionals within Somerset County
  ✓ Quick response to dental emergencies

- Who is eligible?
  ✓ Children aged 5 - 18 yrs old in full time education
  ✓ Those without dental insurance
  ✓ Children of the working poor

- How much does it cost?
  ✓ Cleanings and treatment are provided free of charge by the participating dentists to qualified children

- What is required?
  ✓ Signed parent/guardian consent for treatment
  ✓ A parent/guardian must accompany child on appointments
  ✓ Appointments must be kept or disqualification from the program can occur

- Must you have dental problems to qualify?
  ✓ No. We offer hygienist appointments to avoid dental problems before they begin as well as treatment for pre-existing conditions

- How can I apply or get more information about the program?
  ✓ Email jglpdp@hotmail.com, mail the attached completed forms to JGLPDP, c/o Food Bank Network of Somerset County, P.O. Box 149, Bound Brook NJ 08805-0149 or fax them to (908) 758 5878.

Proudly sponsored and administered by the Foodbank Network of Somerset County, Inc.
# DENTAL PROGRAM APPLICATION

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<th>Name(s) of child(ren) (First, middle initial, last)</th>
<th>Name of School</th>
<th>Date of birth</th>
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**PARENT/GUARDIAN NAME:**

**RELATION:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE NO:**

**SIZE OF FAMILY:**

**OCCUPATION:**

**ANNUAL INCOME:** $

**DOCTOR'S NAME:**

**PHONE NO:**

**DOCTOR'S ADDRESS:**

**DATE OF LAST VISIT:**

1. Is the child enrolled in Medicaid or any dental insurance? Yes No
2. Is the child 18 or younger and enrolled in school? Yes No
3. Do the parent(s)/guardians have full time employment? Yes No
4. When was the child's/children's last dental visit? 

Please answer all questions to ensure eligibility.
The above information is correct and true to the best of my knowledge.
I/We understand that appointments must be kept unless 24 hours notice is given.

______________________________
Parent/Guardian Signature

Date

Mail this completed form to:
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