

Application for the 2023 Wyoming Smiles Senior Dental Program



If more than one person in your household is applying, you MUST each submit your OWN application.

You can send separate completed applications and forms together.

To Apply:

- 1) Complete and sign this application (one application per person applying)
- 2) Send copies of proof of income
- 3) Send a copy of your ID
- 4) Mail your application and proof of income no later than December 16, 2022, to:

Wyoming Delta Dental Foundation
Wyoming Smiles Senior Dental Program
6705 Faith Drive
Cheyenne, WY 82009

Applications are processed in the order that they are received!

First Name:	MI	Last Name:	Date of Birth:
Mailing Address:		City:	State: WY
Zip:		Phone Number:	Gender:
Social Security Number:		Number of people in your household:	
Gross Monthly Household Income:		Gross Yearly Household Income:	
Do you currently have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the Wyoming Smiles Senior Dental program is full, would you like to be placed on the waiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No	

To qualify you must:

- Be a resident of Wyoming, living in Wyoming.
- Be age 65+.
- Have a household income within the range shown on the income chart.
- Submit proof of income.
- Be able to travel to a dental office for treatment within 60 days of being accepted into the program.
- Must not have any current dental insurance including Medicaid or Medicare Advantage or be enrolled in any program providing free dental care.

Turn Application Over & Sign



QUESTIONS? CALL US AT 307-632-3313 OR TOLL FREE AT 800-735-3379

Application Agreement:

I hereby apply for coverage through the Wyoming Smiles Senior Dental program.

I understand that enrollment in this program is limited, and I may be placed on a waiting list.

I understand that this application will be accepted only if I meet the eligibility requirements, if there is space available in the program and if I have no other dental benefits being provided to me or any dental insurance.

If accepted, I understand I will be enrolled only for the 2023 program which runs from January 1, 2023 to December 31, 2023. If I am placed on the waiting list my eligibility start date may be later than January.

The program covers a range of dental benefits (see services covered) including preventive, basic and major services up to \$1,500. I am responsible for any services I agree to that are not covered by the program, if I receive services after hitting my maximum benefit or if I visit a non-participating dentist.

I must visit a WYOMING participating dentist. If I visit a dentist that does not participate or is outside of the state of Wyoming, I will be responsible for the cost of the visit.

I must visit a Wyoming participating dentist within 60 days of being accepted into the program or provide proof that I have been seen prior to my enrollment. If I do not visit a dentist or provide proof I have seen one, I may be removed.

I hereby certify that all the information contained in this application is true and correct to the best of my knowledge.

Applicant Signature

Date

Please check here if you are willing to share your dental need story to help us promote the Wyoming Smiles Senior Dental program (This is NOT required to participate in the program).

Income Chart (Household income limits effective 1/1/2022)

Household Size	Gross Yearly Income	Gross Monthly Income
1	\$27,180	\$2,265
2	\$36,620	\$3,052
3	\$46,060	\$3,838
4	\$55,500	\$4,625

QUESTIONS?

**CALL US AT 307-632-3313 OR
TOLL-FREE AT 800-735-3379**

Mail your completed application, along with your proof of income and copy of your identification to:

Wyoming Delta Dental Foundation
ATTN: WY Smiles Senior Dental Program
6705 Faith Drive, Cheyenne, WY 82009

For office use only:

Eligible date: _____ Ineligible Reason: _____ Initials: _____ Date: _____