

FREE DENTAL SERVICES AT YOUR CHILD'S SCHOOL

Important: Please return a signed permission slip to use this free service.

Services include:

- Free dental screening: Our dental professional looks in the student's mouth to check the overall health of teeth and gums.
- Free dental sealants: Coatings put on the student's back teeth to prevent cavities.
- Free Fluoride: Brushed on teeth, this vitamin makes teeth stronger and prevents cavities.



Why you should sign your child up for free services:

- Healthy teeth are important to your overall health.
- When dental sealants are done in school, you miss less work, and your child misses less school.
- Dental sealants are done by dental care professionals.
- See your dentist at least once a year.



Fluoride is put onto teeth with a small brush.

For more information,
please call us at
503-521-7166.

Before Sealant



After Sealant



The Problem: Cavities

- Cavities are the most common childhood disease.
- About 50% of children aged 5-11 years have at least one cavity¹.

The Solution: Dental Sealants

- Students who receive sealants have 50% fewer cavities than students who do not².
- Fluoride application prevents 43% of cavities in permanent teeth and 37% of cavities in baby teeth³.

¹ CDC. Children's Oral Health. [https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html#:~:text=More%20than%20half%20of%20adolescents,one%](https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html#:~:text=More%20than%20half%20of%20adolescents,one%20)

² Community Preventive Services Task Force. (2017) Improving Oral Health: School-Based Dental Sealant Delivery Programs. <https://www.thecommunityguide.org/sites/default/files/assets/OnePager-OralHealth-School-Sealants.pdf>

³ Marinho VCC, Worthington HV, Walsh T, Clarkson JE. Fluoride varnishes for preventing dental caries in children and adolescents. *Cochran Database of Systematic Reviews* 2013, Issue 7. Art. No: CD002279. DOI: 10.1002/14651858

Risiidka Oggolaanshaha Adeegyada Caafimaadka Ilkaha oo Bilaash ah



Baari'aannada Caafimaadka Ilkaha oo bilaash ah, xaiyaasha ilkaha, iyo daawada buraashka cadayga ayaa lagu baxshaa dugsiga cunugaaga. Adeegyadaan waxaa fuliya xirfadleyaasha caafimaadka ilkaha waxayna ka kahortagayaa bololka ilkaha.

Magaca Cunuga: _____ (Magaca Qoyska) (Magaca Koobaad) (Magaca La doortay)
Taariikhda Dhalashada Ilmaha (bisha/maalinta/sanadka): ____/____/____ Macalinka: _____ Fasalka: _____
Dugsiga: _____

Tigsaar HAL BOKIS oo hoose si aad iskaga diiwaan geliso adeegaan bilaashka ah:

- Haa, waan aqbalayaa baaritaanka, ilko xirida iyo daawada ilkaha
- Haa, waan aqbalayaa baaritaanka iyo ilko xirida
- Haa, waan aqbalayaa baaritaanka iyo daawada ilkaha
- Haa, waan aqbalayaa baaritaanka keliya

* OGOOW: Haddii wax ka badan hal bokisyada jawaabta "haa" tig la saaro, dhammaan adeegyada la ogolaaday ayaa la bixin doonaa.

MAYA, ha siinina wax adeegyada caafimaadka ilkaha ah cunugayga

Macluumaadka Xiriirka	
Waalidka/Masuulka:	
Lambarka ugu fiican ee taleefanka aad la xariiri karto:	Oggolaanshaha Fariin Qoraalka: <input type="checkbox"/> HAA <input type="checkbox"/> MAYA
Ciwaanka iimeelka:	
Cinwaanka boostada:	

Fadlan keen xogta soo socota si aan adeeg fiican u siino cunugaaga:

Cunugaygu wuxuu cunaa (qor daawada):	Midna: <input type="checkbox"/>
Cunugaygu wuxuu xasaasiyad ku qabaa:	Midna: <input type="checkbox"/>
Xaalado caafimaad oo uu hadda qabo:	Midna: <input type="checkbox"/>
Tixgelinno kasta oo dhanka dabecada ah:	Midna: <input type="checkbox"/>
Xogta kale ee naga caawinaysa inaan adeeg hufan siino cunugaaga:	Midna: <input type="checkbox"/>

Fadlan buuxi qaybta hoose. Lagaama qaadaayo lacag.

Caysmiska Caafimaadka: <input type="checkbox"/> Lambarka Aqoonsiga Caymiska Caafimaadka Oregon (OHP) / Medicaid _____ <input type="checkbox"/> Shirkada caymiska caafimaadka ilkaha oo gaar loo leeyahay _____ <input type="checkbox"/> Ma haysto caymis caafimaad	Adeegyadaan waa BILAASH!
Aniga oo ah waalidka/masuulka sharciga ah, waxaan halkaan ka ogolaanayaa baahinta iyo inay wadaagaan xogta, ayna ku jirto xogta gaarka ah ee caafimaadka, shaqaalaha ilko xirida, shaqaalaha dugsga, shirkadaha caymiska, dhakhtarka ilkaha ee ilmaha, Ururka Daryeelka Abaabulan ee ay Qusayso, iyo/ama Ururka diiwaanka Daryeelka Caafimaadka Ilkaha. Waxaan helay nuqulka "Ogaysiiska Xeerarka Sirta." Xeerarka Sirta Xogta ayaa laga heli karaa webseedka All Smiles Community Oral Health AllSmilesCOH.org/forms .	
Saxiixa Waalidka/Masuulka: _____	Taariikhda: _____

Permission Slip for Free Dental Services



Free dental screenings, sealant placements, and brushed-on fluoride are offered at your child's school. These services are done by dental care professionals and will help prevent cavities.

Name of Child: _____		
(Last)	(First)	(Preferred Name)
Child's Date of Birth (mm/dd/yy): ____ / ____ / ____ Teacher: _____ Grade: _____		
School: _____		

Check **ONE BOX** below to sign up for this free service:

- Yes, to screening, sealants and fluoride
- Yes, to screening and sealants
- Yes, to screening and fluoride
- Yes, to screening only

* NOTE: If more than one "yes" box is checked, all approved services will be provided.

NO, do not provide any dental services for my child

Contact Information	
Parent/Guardian: _____	
Best phone number to reach you: _____	Permission to Text: <input type="checkbox"/> YES <input type="checkbox"/> NO
Email address: _____	
Mailing address: _____	

Please provide the following information so we can better serve your child:

My child is taking (list medications): _____	None: <input type="checkbox"/>
My child is allergic to: _____	None: <input type="checkbox"/>
Any current medical conditions: _____	None: <input type="checkbox"/>
Any behavioral considerations: _____	None: <input type="checkbox"/>
Other information to help us better serve your child: _____	None: <input type="checkbox"/>

Please complete the section below. You will not receive a bill.

Health Insurance: <input type="checkbox"/> Oregon Health Plan (OHP) / Medicaid ID# _____ <input type="checkbox"/> Private dental insurance company _____ <input type="checkbox"/> No health insurance	These services are FREE!
As the legal parent/guardian, I hereby consent to the release and sharing of information, including any personal health information, between the dental sealant staff, school staff, insurance carriers, the child's dentist, applicable Coordinated Care Organization, and/or the Dental Care Organization of record. I have received a copy of "Notices of Privacy Practices." Privacy Practices are available on the All Smiles Community Oral Health website AllSmilesCOH.org/forms .	
Parent/Guardian Signature: _____	Date: _____

Sirta xogtaada caafimaadka ee Dhowrsan, oo sidoo kale loogu yeero diiwaankaaga caafimaadka, ayaa aad muhiim ugu ah All Smiles Community Oral Health. Waxaa jira dhawr sababood oo aan ugu baahan karno xogtaan si aan u siino dadka kale. Ogaysiisnaan Xeerarka Sirta ayaa lagu siinayaa si laguugu sheego qaababka aan u adeegsan karno aana u shaacin karno xogta kasoo baxda diiwaanka caafimaadka. BOGGAAN MA BIXINAAYO XOGTA BUUXDA EE OGAYSIISKA XEERARKA SIRTA. Ogaysiiska buuxa ayaa la heli karaa marka la codsado. Marka lagu daro dadaalkeena joogtada ah ee difaacida xogtaada, waxaa jira waajibaadka qaar oo sharciga federaalku na amraayo. Mid kamid ah waajibaadkaas waa inaan ku siino Ogaysiisnaan.

WAXYAABAHA LAGU SHARXAY NUQULKA BUUXA EE OGAYSIISKA XEERARKA SIRTA

- **Sida aan u adeegsan karno una shaacin karno xogtaada sirta anagoon wax oggolaansho ah kaa qaadan:**
 - Si aan kuu daawayno.
 - Si aan u helno qarashka adeegyada aan ku siinay.
 - Si aan warbixinno u siino wakaaladaha federaalka, gobalka, iyo kuwa maxaliga ah iyo ururada kale marka sharcigu nagu amro warbixintaas.
 - Inaan warbixinno ka bixino ama xog shaacino sababo la xariira caafimaadka dadwaynaha, badqabka, iyo/ama cilmi baaris.
- **Sida aan cid kale u siin karno xogtaada adoon noo fasixin, laakiin keliya waa haddii aan ku siino fursad aad ku diido:**
 - Inaan la wadaagno xogtaada qoyska, saaxiibada, iyo dadka kale ee qaybta ka ah daryeelkaaga lacagta adeegyada aad hesho.
 - Inaan xog ka bixino haddii ay masiibo dhacdo si aan ugu sheegno qoyskaaga iyo asxaabtaada meesha aad joogto iyo xaaladaada guud.
- **Sida aan u adeegsan karno una shaacin karno xogtaada caafimaadka keliya markaad noo fasaxdo shaacinnada aan ahayn kuwa kor lagu xusay.**
- **Xaquuqdaada sharci ee aad ka helayso sharciyada sirta ee federaalka waxaa ku jira xaqa aad u leedahay:**
 - Inaad codsato inaad aragto aadna nuqul kala baxdo xogtaada caafimaadka.
 - Inaad codsato in xogta khaldan ama kala dhiman ee ku jirta diiwaankaaga caafimaadka la saxo.
 - Inaad codsato liiska meelaha aan u dirnay xogtaada ilaa in lagu diray maahee oggolaanshahaaga, sabab lacag bixin, daawayn, ama shaqooyinka Daryeelka Caafimaadka.
 - Inaad codsato inaan yarayno xogta aan u adeegsano ama u shaacino sababo daawayn, lacag bixin, ama shaqooyinka daryeelka Caafimaadka ah, ama xogta aan la wadaagno xubnaha qoyska iyo dadka kale ee qaybta ka ah daryeelkaaga. Qasab naguma ahan inaan oggolaano codsigaaga.
 - Inaad codsato inaan kugulasoo xariirno qaab qarsoodi ah.
 - Inaad codsato nuqulka waraaqda ah ee Ogaysiiska Xeerarka Sirta markaad doonto.
 - In lagu sheego haddii la jabsado xogta caafimaadka ee Dhowrsan, ee amaankaadu uusan sugnayn.
 - Inaad soo gudbisno cabasho haddii aad aaminsan tahay in xaquuqdaada sirta la jabiyay.
 - Inaad jeebkaaga ka dhiibto qarashka buuxa ee daryeelka caafimaadka ama adeegga aadna joojiso shaacinta daryeelkaas ama adeeggaas gaarka ah oo loo sheego shirkadaada caymiska.



SUMMARY OF NOTICE OF PRIVACY PRACTICES

The confidentiality of your protected health information, also called your medical record, is a high priority at All Smiles Community Oral Health. There are a number of reasons we may need to use this information or disclose it to others. This Notice of Privacy Practices is provided to inform you of the ways we can use and release information from your medical record. THIS PAGE IS NOT THE FULL NOTICE OF PRIVACY PRACTICES. The full notice is available upon request. In addition to our longstanding commitment to protecting your information, there are certain obligations we have under federal law. One of those obligations is to provide you with this Notice.

THINGS EXPLAINED IN THE FULL NOTICE OF PRIVACY PRACTICES

- **How we may use and share your health information without your permission to:**
 - Provide treatment to you.
 - Get paid for the services we provide to you.
 - Make reports to federal, state, and local agencies and others when the law requires such reporting.
 - Make reports or share information for public health, safety, and/or research purposes.
- **How we can share your information without your permission, but only if we give you a chance to object:**
 - To share information about you to family, friends, or others involved in your care for payment for the services you receive.
 - To share information in case of a disaster to let your family and friends know where you are and your general condition.
- **How we can use and share your medical information only with your permission for disclosures other than those described above.**
- **Your legal rights under federal privacy laws include your right to:**
 - Ask to see and copy your medical information.
 - Ask that incorrect or incomplete information in your medical information be corrected.
 - Ask for a list of the places we have sent your information unless it was sent with your permission, for payment, treatment, or health care operations.
 - Ask that we limit the information we use or share for treatment, payment, or healthcare operations, or the information we share with family members or others involved in your care. We are not required to agree to your request.
 - Ask that we communicate with you in a confidential manner.
 - Ask for a paper copy of the Notice of Privacy Practices at any time.
 - Be notified in the event of a breach of unsecured, protected health information.
 - File a complaint if you think your privacy rights have been violated.
 - Pay out of pocket in full for a healthcare item or service and restrict disclosure of that particular item or service to your health plan provider.