

IS YOUR DENTAL PROGRAM APPLICATION COMPLETE?

Please provide a copy of the following documents:

- PUBLIC HEALTH DENTAL PROGRAM PATIENT ELIGIBILITY APPLICATION FORM**
- Parent or Legal Guardian's Photo Identification**
(Examples: Driver's License, BCID, or Passport; if Legal Guardian, please also provide Court Order)
- Address Confirmation** – One piece of identification with the current address
(Examples: Driver's License, Utility Bill, or Bank Statement)
- Dependent(s) BC Services Card/Care Card** – Copy of both sides for each child
- Dependent(s) Additional Information** – Copy of identification for each child
(Examples: Birth Certificate, Passport, Status Card or Permanent Resident Card)
- Annual Family Net Income from CRA – Parent/Guardian (and spouse or common-law partner, if applicable)**
(Examples: Most recent Notice of Assessment(s), GST/HST Credit or Canada Child Benefit notice)

Aug 30, 2022