

Saranac Lake Voluntary Health Association, Inc. (SLVHA)  
Dental Emergency Care Assistance Fund (DECAF)  
Program Guidelines and Patient Responsibilities

Program Guidelines

1. Complete and return application to include household income/expenses including domestic partners with verification of income.
2. Application must be approved by the SLVHA prior to any treatment.
3. Applicant selects a participating dentist of choice.
4. Exam, cleaning, treatment plan performed by DDS.
5. If further work is needed, treatment plan and new application must be submitted to SLVHA for approval prior to any treatment.
6. Once approved, treatment can begin.
7. Approval is valid for 6 months from the date of approval except in dental treatment that requires a longer period of time to be completed, e. g. tissue grafting. If assistance not used within allotted time, approved treatment financial assistance will be withdrawn and the dental provider notified.
8. Emergency approvals good for one (1) week only.
9. Approval good for present treatment plan only. Future treatment will require a new application for assistance and a treatment plan with approval.

Patient Responsibilities

1. Patient must be a legal resident of the Saranac Lake Central School District. \*

**legal residence** - (law) the residence where you have your permanent home or principal establishment and to where, whenever you are absent, you intend to return; every person is compelled to have one and only one domicile at a time.

A **domicile** is where a person INTENDS to make it and a person can be domiciled in only 1 place. The domicile is where a person intends to remain permanently and return to despite having multiple residences. Evidence of domicile is established by establishing bank accounts, voter registration, driver's license and other things the court may consider as evidence a person intends to remain permanently in one locale. Just because someone moves from one state to another, does not automatically change their domicile, even though it may make them a legal resident of that other state for tax purposes and other purposes. It is the intent to remain on a more or less permanent basis in that locale that makes it a domicile and until the person develops that intent, their domicile does not change.

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2. Patient must not be eligible for Medicaid or Family Health Plus. \*\*
3. Patient must not have dental insurance that covers treatment plan.
4. Patient must have financial need.
5. Patient must be motivated to maintain good oral health.
6. Patient must maintain good oral hygiene.
7. Patient must be responsible to keep scheduled appointments. Repeated missed appointments could result in approval being withdrawn.
8. Patient will be responsible to pay the dentist, at time of service, the patient's portion of the treatment cost.

\* SLVHA reserves the right to request verification of legal residence.

\*\* SLVHA reserves the right to request verification of Medicaid or Public Assistance ineligibility.

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I, acknowledge receipt of, understand and will abide by the Saranac Lake Voluntary Health Association, Inc. Dental Emergency Care Assistance Fund (DECAF) Program Guidelines and Patient Responsibilities as listed on page 1 and 2.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Please Print