



**Local Health Department
Intent to Apply
Oral Health Grants**

**Maryland Department of Health
Prevention and Health Promotion Administration
Cancer and Chronic Disease Bureau
Office of Oral Health**

All intents to apply must be submitted electronically via e-mail attachment to mdh.ugaoralhealth@maryland.gov. In your email's subject line, please reference your organization name and "FY 20xx Intent to Apply."

Name of Local Health Department: _____

Intent to Apply for: Oral Disease and Injury Prevention Dental Sealants

Number of dentists (FTE)	
Number of dental hygienists (FTE)	
Number of dental chairs/operatories	
Total dental appointments for previous calendar year	
Total hygiene appointments for previous calendar year	

Types of patients seen:

- | | | |
|-------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Uninsured | <input type="checkbox"/> 0-20 |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Undocumented | <input type="checkbox"/> 21-64 |
| <input type="checkbox"/> Ryan White | | <input type="checkbox"/> 65+ |

Total budget for dental program in upcoming fiscal year (excluding OOH funding)
OOH funding as percent of total budget (for current fiscal year)

Utilize community health workers Yes No

Wait time for dental appointment Less than one week One week More than one week

Select the programs you offer:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> On-site clinic for children | <input type="checkbox"/> Off-site dental sealants program | <input type="checkbox"/> Off-site case management for children | <input type="checkbox"/> Off-site education in other community settings |
| <input type="checkbox"/> On-site clinic for adults | <input type="checkbox"/> Off-site program in Head Starts | <input type="checkbox"/> Off-site case management for adults | <input type="checkbox"/> Off-site oral cancer screenings |
| <input type="checkbox"/> On-site clinic for pregnant patients | <input type="checkbox"/> Off-site education in schools | <input type="checkbox"/> Off-site case management for pregnant patients | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Fluoride rinse program in schools | | |

Select the services you offer:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Hygiene | <input type="checkbox"/> Restorative | <input type="checkbox"/> Endodontics | <input type="checkbox"/> Oral surgery |
| <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Prosthodontics | <input type="checkbox"/> Emergency appointments | <input type="checkbox"/> Fluoride varnish |
| <input type="checkbox"/> Fluoride rinse | <input type="checkbox"/> Oral cancer screenings | <input type="checkbox"/> Case management | <input type="checkbox"/> Financial assistance for off-site care |
| <input type="checkbox"/> Screenings for hypertension | <input type="checkbox"/> Screenings to diabetes | <input type="checkbox"/> Screenings for BMI | <input type="checkbox"/> Other |