



**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](mailto: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:**

- Medicaid  Uninsured  0-20
- Medicare  Undocumented  21-64
- Ryan White  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                                  |