**Nebraska Head Start Dental Screening / Assessment Form**

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex:**  □ Male □ Female

**Parent or Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Relationship)

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Screening/Assessment**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Screening/Assessment**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dental Home:** □ Yes □ No

**Date of last exam by a Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Month) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Year)

**Findings on Screening/Assessment**: Check and describe all that apply

□ Teeth have existing fillings or restorations

□ Teeth have no visual dental problems...**Category 0**

□ Teeth have possible problems that need early dental care...**Category 1**

□ Teeth have obvious problems that need immediate dental care...**Category 2**

□ Other findings/comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topical Fluoride:** Check one

□ Applied at this visit

□ Not applied at this visit

**Plan of care**: Check one

□ Referral to dentist for routine examination every 6 months

□ Referral to dentist for exam and early care within 3 months

□ Referral to dentist for exam and urgent care ASAP

**Screener's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Credentials**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Flip page over for information about obtaining access to dental care**

**If you need help obtaining access to dental care you may contact:**

* Nebraska Total Care: <https://www.nebraskatotalcare.com/contact-us.html> or call 1-844-385-2192 (TTY 711)
* Molina Health Care: <https://www.molinahealthcare.com/members/NE/en-us/mem/medicaid/contact.aspx> or call 1-844-782-2018 (TTY: 711)
* United Health Care: [Find your plan | Find Care](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fconnect.werally.com%2Fplans%2Fuhc&data=05%7C02%7CElsie.Verbik%40nebraska.gov%7Cc27bf25032454192e62308dd68a59cba%7C043207dfe6894bf6902001038f11f0b1%7C0%7C0%7C638781782688883567%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=OzeU38rsPP9rykX2aCcqVCG8cf2FrcIUIJ4COkWeT%2Fk%3D&reserved=0) or call 1-800-641-1902 (TTY 711)
* American Dental Association Find-a-Dentist: <https://findadentist.ada.org/>
* Nebraska Public Health Dental Clinics Brochure: <https://dhhs.ne.gov/Dental%20Health%20Documents/Nebraska%20Dental%20Public%20Health%20Clinics%20Brochure.pdf>