



## 2018-2019 Fluoride Varnish School – NKIDHD Responsibilities

### Eligibility of School

- Schools must have 50% or more of the enrolled students participating in the Free and Reduced Lunch Program.

### Consent Forms

- Enough consent form packets will be provided to the school for each student in the participating grades.
- A Master File folder will be given to each school contact person at the presentation. These master forms are to be used by the school to make additional copies, if needed.
- Students must return the completed consent forms in order to participate in the program
- Consent forms will be picked up by Health Department Dental Staff at least 1 week prior to the dental program beginning.
- **School personnel must check forms to make sure the following is complete:**
  - **Parents have signed in the appropriate spots on the consent form**
  - **Social Security #, Medicaid #**
  - **Date of Birth and Medical History**
- The location must be clean and secure and have adequate space

### Professional Staff

- A Public Health Dental Hygienist will conduct an oral health screening, and apply fluoride on the students whose parents have consented.
- A Dental Assistant may or may not assist the Public Health Dental Hygienist.

### Schools Responsibility

- **Provide internet access via direct plug in if possible, or by wireless connection.**
- Provide clean, secure space with access to electrical outlets
- 1 table and 2 chairs
- Distributing and collecting forms
- Supply one staff person to accompany children during fluoride application
- **Parent follow up regarding student's oral health at request of the NKHD**
- **Reporting to the NKHD the status of students referred for decay**
- **Keeping a list of area dentists and the Medicaid/MCO's they belong to in order to assist parent in finding dental care for their child.**

### Promotion of the Program:

Each school is required to promote the dental program in their schools in the following ways:

- Announcement of program on their website, facebook, twitter 1-2 weeks prior to the event.
- Include the dates in the school calendar
- Class/Grade/School Newsletters
- Distribution to parents and within the schools of the reminders that the NKHD provide.

### Other Dental Programs in your school:

The NKHD requires notice prior to us visiting your school if other portable/mobile dental programs are scheduled. Please be aware we may not be able to service your school if outside groups are coming in. We do not want to duplicate services or confuse the parent with differing consent forms.

### Fees

- The Health Department will bill Medicaid for services provided.
- Students with Private or No Insurance will be charged a sliding fee per assessment and fluoride based on household size and income as mandated by the state of Kentucky. **Grant funding has been made available that reduces the maximum charge to only \$10 per service.** Most students qualify for no charge services, but not all. This fee is subject to change based on grant availability.

Linda Poynter, RDH, BHS; 859-363-2035; fax: 859-578-3689; linda.poynter@nkyhealth.org  
8001 Veterans Memorial Drive Florence, KY 41042