



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Public Health

BUREAU OF ORAL HEALTH AND DENTAL SERVICES

DELAWARE SMILE CHECK PROGRAM

SCHOOL/ORGANIZATION/FACILITY: _____

CONTACT PERSON FOR PROGRAM COORDINATION:

Name: _____

Phone: _____ Email: _____

PERSON AUTHORIZED TO APPROVE PARTICPATION WITH PROGRAM

(Example: Superintendent, Director, CEO, Owner):

Completing this form authorizes a dental professional from the Bureau of Oral Health and Dental Services to reach out to your designated contact to discuss program options and schedule an event at your location.

Print Name: _____ Date: _____

Signature: _____

To return form: **Fax form: 302-661-7229**

or

Email form: DHSS_DPH_Dental@delaware.gov

THE BUREAU OF ORAL HEALTH AND DENTAL SERVICES

PHONE: 302-622-4540 FAX: 302-661-7229