



Orthodontic & Dental Services Program Request Form For Foster Youth and Families

Date of request _____ Requestor's name _____

Requestor email _____ Requestor phone _____

Requestor's relationship to child _____

Child's Name _____ Date of Birth _____

Does this child have an open Sonoma County CPS case? _____

Amount Requested _____ Payment terms _____

*Payments will be made directly to the Orthodontist

Pay to: Name _____ Phone _____

Address _____

Reason for Request _____

Is the child covered by private insurance? Yes • No •

*If Yes, provide proof of denial from private insurance (attach documentation) ***Required**

Other relevant information

Social Worker name _____ Phone _____

Email _____

By signing this form, I acknowledge this child has an open case in Sonoma County and I authorize representatives from TLC Child & Family Services to contact the service provider to facilitate payment or other logistics specifically related to this request on behalf of this youth.

Social worker (signature) _____

Mail completed forms to: TLC Child & Family Services or email to: jquigley@tlc4kids.org
P.O. Box 2079
Sebastopol, CA 95472

For questions call (707)634-9045 or email: jquigley@tlc4kids.org