



Lincoln-Lancaster County  
Health Department

APPLICATION FOR DENTAL SERVICES [E>dN XN DCH VU NHA KHOA]  
Lincoln-Lancaster County Health Department Dental Division  
3131 O Street, Lincoln, NE 68510

VIETNAMESE  
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Person Applying for Dental services [NgLi Ci lam dc m xndjch vv nha khoa]      Relationship to Patient [Quan h v&i bnh nhfin]      Social Security Number [SO An Sinh Xa HQ]

Address [Number, Street] [E>ia chi SO nha, Tendu'ngJ]      City/State [Thanh ph6ffieu bang]      Zip Code [Ma so buu chlnh]      County [Qun]      Home Phone [Eli n tho\$inM]

Mailing Address [if different] [Dla chT nhn thll, neu kh8c)      City/State [Thanh ph61TiEru bang]      Zip Code [Ma s6 blu chlnh]      County [Qun]

INCOME: Ti rt hthi.l lanh:	@ Hourly [Gi6'] Bi-Monthly fMoi nltá 11a11ul	Weekly [MOi tuan] Wort Phone	Bi-Weekly (M5i hai tuan) Annually Nam!	Monthly [Mlithang] Other Cach kttac!	
	current Employer	Wort Phone	Average Number or Hours Worked per week	Gross Monthly hcome	How onen paid'. USE categories above
	[N1 ilam véc hi n nay)	[Oien thoq.isC/ lam)	(S6 gio trung bnh lam vi c mOitU<fn)	[Tl8n l f'ing hang thang chua trif thuJ	[Cach bao lau thl d1J;Jc lanh t1J Ong - Dung cac thbi gian ohitrenJ *
Applicant Nal/Oi lam don!				S	
Spouse IChona hoac vol				S	

Do you or anyone within your household receive any of the following?  
[Quy vj hoc bat ct'. r ai trong he} cua quy vi c6 dang nhn bat cl! trQ cap nao sau dAy kMng?J

- Amount [So t] n!
1. Unemployment [Tht nghi p] \$ \_\_\_\_\_
  2. Social Security (An sinh Xa hQi) \$ \_\_\_\_\_
  3. Disability Benefits [Phuc IQitt nguy n] \$ \_\_\_\_\_
  4. Child Support/Alimony (Ci{p duBng con cailngu<'Jiph6ingu) \$ \_\_\_\_\_
  5. Retirement Benefits (CacphUcIt;li hUutr) \$ \_\_\_\_\_
  6. Supplemental ncome from any other source [Lqillb μ111,1 tryitLI btit GU xuat XU nao (g di 11l, 1Jao lrQ', v.v...)] \$ \_\_\_\_\_
  7. Household Income/Resources Not previously identified \$ \_\_\_\_\_  
[LQitllc trong hQ/Cac nguon qj h1c chi.la khai' I tren]

Are you a US citizen? [Quy v1a C6ng dan Hoa Ky?) o Yes [Co] D No [Khong]  
If not, what is your residency status? (N u khOng, Unh trng cu trúa QJ \_\_\_\_\_  
Are you a current resident of Lincoln/Lancaster County? [Hien nay hiiJng tni t i Lincoln/kt4n Lancaster?] D Yes [C6] D No [Khong]  
How long? [E>trQc bao lau?] \_\_\_\_\_  
What is your primary language? [Ngon ngu ch nha g1?] D Vietnamese (Vi t) D English [Anh] D Other [Khac] \_\_\_\_\_  
Country of origin [Quoc gang uyenthu?J O Vietnam O Other (Quoc gia khilc) \_\_\_\_\_  
Do you need an interpreter? [Can ngi.bi th6ng djch?] D Yes [C6] D No [Khong]  
Interpreter's name [Ten ngui th6ng dlch?] \_\_\_\_\_ Interpreter's phone [E>T ngui th Ong djch] \_\_\_\_\_  
Are you a student? [Quy viá sinh vien/hQc sinh?J O Yes [C6] O No [Kh6ng]  
Name of school [Ten truo n 11 hoc] \_\_\_\_\_  
Is your spouse a student? [VQ ho c chonga sinh vien/h9c sinh?] D Yes [C6] D No [Khong]  
Name of school [Ten tnl ong hoc] \_\_\_\_\_

HEALTH OR DENTAL COVERAGE [BAO HI M SVC KH6E HOAC RANG)		Insurance company [TAn c6ng ty bao hi ml	Family members covered by the programs [Nhfino no1id1 c c c r.h1*no tinh nay rta i thoJ
Do you or anyone within your household receive Medicaid, Kids Connection, or Aid to Dependent Children? [Ouy vi hooc bil't ciJ oi trong hQ cuo quy vj dong 06 Medicaid, Kids Connection hoc ADC /Aid to Dependent Children) kMna?!	D Yes (C6) o No [Khong]		
Are you or your family covered by Health Insurance? [Ouy vi hoc gia dnh cua quy vi 06 bao hi em 5i'.rc khoe kh Ong?J	D Yes (C6) D No [KHO11uf		
Are you or your family covered by Dental Insurance? [Ouy vi hoc gia dnh cua quy vi co Mohlem rang kMng?J	O Yes [Ceil D No [KHO11uf		

LIST ALL MEMBERS IN HOUSEHOLD [Li' :T Ki' : MQI NGL/01 TRO NG HOCUA QUY VI]

Name [Un ho)	Relationship [Quan h )	Date of birth [Ngay sanhl	Age (TuOI)	Race -use fist below (Chung tOc -Dung danh sach du'JidAyJ -	Hispanic [Nlii ti6no Tay Ban Nha)	Medicaid number (SO Medicaid)
1.					O Yes [C6] o No [KhonQ]	
2.					D Yes [C6] D No [KhonQ]	
3.					a Yes [Cu] a No [KhOnal	
4.					o Yes [C6J D No [Kh6na1	
5.					D Yes [C6] D No [KhOnal	
6.					D Yes [Ceil D No [KhOnal	
7.					D Yes [Ceil D No [KhOnal	
8.					D Yes [Ceil o No [KhOnal	
9.					O Yes [C6] D No [KhOnal	
10.					D Yes [C6] o No [KhOnal	

– Race/Chung tOc): White [Trhg] Black/African American [Den/Goe Phi ehau] Asian [A ehau]  
 Hawaiian/Pacific Islander (Hawaii/Eiao Thai binh dldng) American Indian/Native American [My ban xu]  
 Other [Chung tOe khac] \_\_\_\_\_

Immediate health concerns or problems rca: vG:n d6 hae Quan ram v sue khoe hl n nay)

Other comments (Cac IOI phi! blnh khac)

Toi xac nhan rIng eae du ki n ghi tren la dung siJ that. Toi hi u rling khai gian b.11 ell diElu glc6 th dua Mn bin phap giam djnh kii quyen duqc huJng cac djch vv va c6 thif bj bira khoidjch vv nha khoa.

Signature (ChO ky) \_\_\_\_\_ Date [Ngoy] \_\_\_\_\_

For office use *only* – Do not wrtte in this box [CHI DANH CHO VAN PHONG – XIN FIUNG VIET vAo PHAN NAY]

Total Yearly Gross Income Reported for Household \$ \_\_\_\_\_ Client Fee Step \_\_\_\_\_

Staff Comments \_\_\_\_\_