Community water Fluoridation Programs:

Name:

Date of Birth:

Relationship Status:

Address:

City:

State: Zip:

Nationality:

E-mail I.D Mobile phone:

COHE membership I.D

**Insurance History:**

1)Do you have any kind of dental coverage? Yes \_\_\_\_\_No\_\_\_\_\_

2) If Yes, Name of Insurance Company: Policy#

3) If No, do you need assistance in getting dental insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_.

4) Do you have dental provider Yes\_\_\_\_\_No\_\_\_?

5) How long has it been since you last visited dentist?

\_\_\_\_\_\_six months \_\_\_\_\_\_ six to twelve months \_\_\_\_\_\_more than twelve months.

6) Was there time during last 12 months, you could not see dentist because of cost? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No.

 Survey:

1. Are you aware of the relationship between fluorides and mineralization of tooth?
2. Do you advocate for the community water fluoridation programs?
3. Do you have concern about community water fluoridation programs?
4. Are you available to join with us in our campaigns?
5. Are you interested in learning about the benefits of community water fluoridation?