

SAN JUAN BASIN AREA AGENCY ON AGING (SJBAAA)
Older American's Act Part B: Dental Assistance (Jul 1 thru Jun 30)

SJBAAA has grant funds from the Administration on Aging (AoA) of up to \$300 per person. To ensure the continuation of grant funding, you will receive a letter from SJBAAA suggesting a minimum contribution of 10% (i.e. \$30.00). You may make a cash donation by dropping it in a white mailbox that is located just outside the Agency office door or you may mail in your donation. Please make your check payable to: San Juan Basin Area Agency on Aging or San Juan Basin AAA. You will not be turned away based on your inability to make a contribution.

Please observe the following program guidelines:

1. Title III Older Americans Act grant funds will assist seniors, ages 60+ in the following areas only:

- ✓ Fluoride varnishing
- ✓ Fillings for cavities
- ✓ Tooth extractions
- ✓ X-rays
- ✓ Root canals
- ✓ Cleaning and overall preventive care for maximum oral health

*Please work with your local ADRC Specialist (visit our website: www.sjbaaa.org and click on **ADRC**) and a dental provider of your choosing. We are unable to make a recommendation.*

There is a high priority to serve low and very low income individuals, age 60 years and older. There is also a high priority to serve people who we have not seen before. If you have received a grant from us within the last 24 months, you may be placed on a waiting list.

2. SJBAAA is unable reserve or hold funds for anyone. Once you have decided to pursue this opportunity, we encourage you to move expediently in the process.

3. Please be aware that we serve on a first come, first serve basis. In the event that we run out of funds during your process in obtaining dental services, we may not be able to assist you. Time is of the essence.

4. If your bill exceeds \$300, it is your responsibility to ensure that dental services are paid for in full. Due to the scarcity of available dental funds for Region 9, SJBAAA dental assistance is to be used as a last resort.

Please exhaust other resources first – here are some examples:

- Insurance that you may have;
- Establish a payment plan with your dental provider;
- Social groups, churches and senior organizations within your community;
- Other dental programs from health departments, community services groups, just to name two.

5. **REQUIRED:** Please fill out the Consumer Assessment Form (CAF) completely and return it at your earliest convenience. We cannot process your request without the CAF. In addition, please let your dentist know you're working with us and please have them send us an invoice with the description of services rendered immediately. Have your provider bill us directly either via email or fax. We do not cut checks to individuals, only to Providers.

FOUR ways to contact us to send us the **REQUIRED** information:

- ✓ Drop by physical location: Ross Aragon Community Center, 451 Hot Springs Blvd., Pagosa Springs
- ✓ Send your information via FAX: 1-888-290-3566
- ✓ Our Mailing Address is: SJBAAA, P.O. Box 5456, Pagosa Springs, CO 81147