

2019-2020 School-Based Oral Health Program Service Request Form

Please indicate your interest in the School-Based Oral Health Program (SBOHP) and fill out your school/center's information below. Return the form to the DC Department of Health's (DC Health) Oral Health Program via fax (202-442-4947) or email (Justice.Armattoo@dc.gov). Once the Oral Health Program (OHP) receives the SBOHP Service Request Form, the OHP will assign your school/center to one of its SBOHP vendors. The SBOHP vendor will reach out to the point of contact you provide below to begin the scheduling process. For more information about the Program, please see the attached information sheet. For additional questions, please contact DC Health's OHP using the following contact information:

Mr. Justice Armattoo
School-Based Oral Health Program Coordinator
Oral Health Program
DC Department of Health
Phone: 202- 442-9365 Fax: 202-442-4947 Email: justice.armattoo@dc.gov

- ☐ Yes, I would like my school/center to be enrolled in the School-Based Oral Health Program (SBOHP) during the 2019-2020 School Year. Our designated **point of contact** for the SBOHP is:

Name: _____

Phone: _____ Email: _____

- ☐ No, my school/center will not participate in the program during the 2019-2020 School Year

School/Center Name

Principal/Director Name

Principal/Director Signature

Date

Comments or Questions:
