



**Thank you for your inquiry regarding services provided by  
St. Luke's Dental Health Center.**

Please complete all lines on the enclosed application form and **attach verification of total household income.** You must include income from parents, stepparents, child support, and/or parent's partner (boyfriend, girlfriend) living in the home. Do not include income from adult children living in the home. Income verification is **one** of the following: copies of your most recent tax returns with W-2's, your previous three month's paycheck stubs, **or** a letter from your employer/s stating your yearly income. These are the only acceptable forms of verification.

Please return the requested information to St. Luke's Dental Health Center 855 A Ave NE MOP LL1 Cedar Rapids, IA 52402. Your application will be reviewed and a letter of qualification will then be mailed to you. At that time you may schedule appointments(s) for your child(ren). Enclosed please find a copy of our payment policy.

Thank you!