

MAY VAN SICKLE DENTAL CLINIC
1092 GALIANO, CORAL GABLES, FL 33134
TEL. 305-448-6536

REQUIREMENTS AND GUIDELINES

The May Van Sickle Children's Dental clinic was founded by the Coral Gables Woman's Club in 1939. The clinic has been operated and funded solely by the club since that year.

The purpose of the Clinic is to provide quality dental care to the needy children of Dade County whose parents work hard, but cannot afford the costly dental care.

The Clinic will be open during the school year on Mondays, Wednesdays, every other Friday and Saturdays from 9 A.M. to 2 P.M.

Due to the increased demand for services, the May Van Sickle Children's Dental Clinic has established the following guidelines for acceptance:

Proof of income:

W-2 Form

Copy of latest Federal Income Tax Return

2 Paycheck stubs If paid by cash a letter from employer on their letter head with address and Phone with amount of income.

Proof of Florida residence – all items below

Copy of Social Security Card or Immigration Papers

Light Bill

Mortgage or Rent receipt

Parent or Legal Guardian **MUST** accompany patient on all visits to the Clinic.

Patient must be between the ages of **5 through 18**. Patient must be **FULL-TIME** Student, who has not yet graduated from high school. Patients aged 15 and up **MUST** have proof of enrollment.

All appointments must be kept. If you must cancel, please do so 24 hours in advance. Three no-shows will result in dismissal as a patient.

No incomplete applications will be accepted. Please answer all questions.
I have read the guidelines listed above and agree to abide the guidelines.

Parent/Guardian: _____

Date: _____

Mail To: Coral Gables Junior's Women's Club, Dental Office
1009 E. Ponce de Leon Boulevard, Coral Gables, FL 33134