



huu ay aht

ANCIENT SPIRIT, MODERN MIND

Office: Anacla Government Office, 170 Nookemus Rd,
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Dental Policy

1 Definitions

“Huu-ay-aht citizens” – as defined under the “Huu-ay-aht Citizenship and Treaty Enrolment Act 2011”

Application

2 This policy applies to:

- 2.1 All Huu-ay-aht citizens over the age of 18 years of age,
- 2.2 A legal representative of a minor Huu-ay-aht child (under the age of 18 years)

Purpose

- 3 The purpose of the Dental Policy program is to help alleviate the financial burden of **the high cost dental fees** that are not covered under FNHA or any medical plan. This will allow for citizens to access dental services and improve their oral health, and provide citizens the opportunity to eat nutritional food and remain healthy.

Policy

- 4 Funding can be accessed by citizens for dental services that are not covered through FNHA or the Ministry of Social Development. Extended health insurance, or services that are not normally covered by other programs (BC government/extended health benefits). Services that are required because of accident (where services will be supplied by ICBC, WCB, or other agency) will not be covered under this policy.

Citizens can access funding for dental work that is **over \$200.00 per family**. Employable families are only eligible for 50% coverage of this dental expense. Examples: braces, bridges, crowns. Once the budget is exhausted applications will be denied. This is one time funding per fiscal year.

Considerations:

- HFN will be the last resort payer.
- Point of contact with the applicant is the Manager of Social Services and Culture or designate
- Receipts are required and cannot be more than 30 days old.

4 Applications:



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- 4.1 This Policy is not applicable to non-Huu-ay-aht citizens.
 - 4.2 Applications must be in writing.
 - 4.3 This funding is time limited funding as a result of the “Specific Claims” negotiations. It is subject to availability of funds. This program is considered a temporary program and may not continue after March 2019.
- 5 Appeals: Exceptions can be made in extreme circumstances (where a person’s health will be severely compromised without the aid, e.g.: medical equipment and supplies) and where there is a disagreement with policy, the final decision resides with the Executive Director and the Director Community Services.



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Dental Policy Application

Name:

Address:

Telephone#:

Applicant date of birth:

Is this covered by other health insurance?

Please describe the services that you are wanting to access:

Amount requested: \$

Receipts must be attached

Declaration:

I declare that the information given on this form is correct and complete to the best of my knowledge.

I understand that if I knowingly give information that is false I may be liable to prosecution and will be required to repay any assistance received. Also, if I knowingly give information that is false, it may result in forfeiture of any future requests for financial assistance from the Huu-ay-aht First Nations.

I consent to my information being shared between agencies and external organizations for the purpose of processing my claim.

Signature of Applicant: _____ Date _____

Reviewed by: _____ Date _____

Amount approved: _____

Approved by: _____ Date _____