

Mississippi Health Care Foundation

Medical & Personal Needs Grant Application - Dentures

This form is to be used with the grant application information sheet when submitting a funding request for dentures for an individual resident at a Mississippi-licensed skilled nursing care facility. Please answer each question with as much detail as possible. If additional space is needed, please use additional pages, noting to which question or section the extended answer belongs.

Resident Name: _____

Resident Age: _____ Resident Gender: _____

Resident Primary Pay Source at Facility: _____

Facility: _____

Facility Mailing Address: _____

Facility City/State/Zip: _____

Facility Phone Number: _____ Facility Fax Number: _____

Type of Dentures Being Requested: Full Set Upper Dentures Lower Dentures

When was the last time the resident had his/her own teeth or wore dentures? _____

This application must have the signature of the Facility Administrator and at least one other facility staff member (must be Social Work Director, Activity Director, or Director of Nursing or other appropriate staff).

Administrator's Signature: _____

Secondary Signature & Title: _____

On facility letter head, attach a 150 word minimum typed narrative with information requested on grant application information sheet. **Mail to:**

Mississippi Health Care Foundation
1076 Highland Colony Parkway
Suite 125
Ridgeland, MS 39157
Or fax to: 601-977-0273

For Foundation Office Use Only

_____ Date Received	_____ Date Reviewed	A B C Circle Review Method
_____ Approved	_____ Not Approved	Approved \$ _____
_____ Notification Sent	_____ Check Sent	Check # _____

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Information Sheet

I. Complete Grant Application form

II. On facility letterhead, attach to Grant Application form a minimum 150 word typed narrative which includes:

- Specify the need of resident
- Explain the specific benefit to the resident
- Describe the resident's current physical condition, health status, and mental status
- Attach confirmation from a dentist that the resident is a candidate for dentures
- Include any comments from nursing, therapy or others about why this request is being made for the resident and why they think it would be of benefit to the resident
- Explain why the request is being made to MHCF
- Provide information about the resident's type of diet
- If dentures have been lost or broken, give a detailed description of how the dentures were lost/broken and if lost, what has been done to try to find the dentures
- Describe resources at your facility to help meet need and/or what your facility may be contributing to meet the resident's need
- If funding has been sought from other sources, explain why such funding was not granted
- Provide information regarding the amount in the resident's trust fund and/or personal checking account and if any (even a small amount) can be used to assist with the purchase
- Describe other resources, if any, explored

III. Include with application:

- When and where you plan to purchase the requested item(s)*
- Written estimate of the cost of each item from the potential vendor **
- Any applicable orders for the item(s) requested

*MHCF staff can be contacted for possible resources of reasonable priced dentures.

**If a complete set of dentures exceeds \$800.00, attach quotes from at least 2 providers.

If an upper or a lower set of dentures exceeds \$400.00, attach quotes from at least 2 providers.

Completed applications should be mailed to:

Mississippi Health Care Foundation
1076 Highland Colony Parkway, Suite 125
Ridgeland, MS 39157
Fax: 601-97-0273

Incomplete applications will be returned to the facility. MCHF reserves the right to request additional documentation and/or information.

Applications received by the 10th of the month will be reviewed for notification to the facility by the 10th of the following month. Applications received after the 10th of the month will be held for the next review period. It is estimated that it will take 3-4 weeks for review and notification to the facility.

If you have questions or need additional information, please contact Melzana Fuller, MHCF, at 601-956-3472.

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Mississippi Health Care Foundation Policy re: Lost/Broken Items

The Mississippi Health Care Foundation receives frequent requests to replace items that are lost or broken in the nursing home. It is the general policy of the Foundation that the replacement of lost/broken items is the responsibility of the facility. If the facility can provide information that it is not in a position to replace the lost/broken item, and if the resident's quality of life will be reduced because of this, the Foundation will accept a request to replace the item. For items less than \$2,000, the request must be approved by 4 of the 5 Review Committee members and for items over \$2,000, the request must be approved by 8 of the 9 Board members.

If the item was purchased by the Foundation and lost or broken within 12 months of the date of purchase, the Foundation will not consider replacing the item. If it has been more than 12 months, the policy in the above paragraph will be applies.