

1 Haven for Hope Way, Building 1, Suite 400 San Antonio, Texas 78207

Clinic Hours: 8:30am-3:30pm, Monday - Friday (210) 220-2300

San Antonio Christian Dental Clinic wants to help you enjoy a healthy life by providing dental care to those who qualify. Please review our patient criteria, collect the required documents, and make an appointment at the clinic to complete your screening during regular office hours.

Eligibility screenings are done when you first come in as a new patient and annually. For annual renewals, only proof of total household income is required. Appointments are required for new and renewing patients.

Appointments are required to receive services. Our availability for emergencies is limited. In emergency situations, it is best to phone before you come in. If you arrive without notice, we cannot assure that you will be seen.

Cancellations must be offered by phone at least 24-hours in advance. Please remember that many others are waiting for appointment availability. If you do not cancel your appointment, it is considered a "no show". If you have two "no shows" you will be suspended from services for 6 months, if you have another "no show" after the suspension you will be notified that you are no longer eligible forcare.

PATIENT ELIGIBILITY

- Applicants must be residents of Bexar County at least 18 years old.
- Applicants must have a household income at or less than federal poverty guidelines.
- Applicants must present proof of eligibility for each requirement.

REQUIRED DOCUMENTATION

- Residence and Age (please bring two):
 - o Preferred: Current Driver's License or Picture ID Card
 - Birth Certificate
 - Passport
 - Preferred: CPS or SAWS statement prior month
 - o Mortgage, Rental or Lease Agreement
 - o Property Tax Statement
 - HUD or Section 8 Housing Letter vouchers are acceptable
- Household Number and Household Income:
 - Preferred: Latest Tax Return
 - Last 4 check stubs for wages for each household member (or bank statement showing direct deposit)
 - W-2 Forms
 - SNAP Authorization Letter
 - Additional: please provide all that apply to your situation
 - o Disability Income Statement
 - Pension Statement
 - Proof of Child Support or Alimony
 - SSI Income Statement or bank statement showing direct deposit
 - Unemployment Compensation Statement