



TOOTH TAXI SITE PARTNER REQUEST FORM

Date of Request: _____

1. Name: _____
 - a. Requestors role at school (nurse, principal, etc.) _____
 - b. Office phone: _____ Cell: _____
 - c. Email: _____
2. School Information :
 - a. District : _____ County: _____
 - b. School name : _____
 - c. School Principal: _____ Principal's email: _____
 - d. School address (street, city, zip): _____
 - e. % students on free /reduced lunch: _____
3. School or district currently have a nurse? _____
4. History of dental van visits (Tooth Taxi) and/or scheduled dental van visits? e.g. Medical Team International (MTI) _____
5. Any other dental program and/or dental screening in place? (explain): _____

6. Are there any special reasons why the Tooth Taxi should visit your school? _____

7. Any volunteer dentists from your community you feel would be interested/available to help with the Tooth Taxi? If yes, please list: _____

Requirements:

1. Dedicated project coordinator to arrange and oversee the Tooth Taxi visit. This should be someone familiar with the school system (staff personnel, retired personnel, parent volunteer, etc.) that has time to dedicate to Tooth Taxi visit preparations. The project coordinator needs to be assigned so the Tooth Taxi program manager and or OEA Choice Trust rep can schedule a pre-site visit meeting to review preparations for hosting the Tooth Taxi.
2. High percentage of free & reduced lunch recipients
3. School with adequate and safe parking for Tooth Taxi
4. One volunteer per day to escort students to Tooth Taxi and back to class during Tooth Taxi site visit.

Thank you for your interest in the Tooth Taxi. Please SUBMIT COMPLETED REQUEST FORM VIA E-MAIL or FAX to Lisa Mahoney: Lisa@oeachoice.com, fax: 503-624-3994