HFS
Illinois Department of
Healthcare and Family Services

2026-2027 All Kids School Based Dental Program Application

School Based Provider Entity Name	Business NPI	Entity email
Entity brick and mortar address	**City, State, Zip**	**Entity phone number**
Program Administrator Contact	**Program Administrator's email**	**Program Administrator's phone number**

Dentist Information

List all dentists rendering services	Dentist NPI	Yes or No PHDH collaborative agreement	Personal email	Date completed mandatory training

Public Health Dental Hygienist Information

PHDH Name	PHDH NPI	List provider name collaborative agreement with	Collaborative agreement date	Date completed mandatory training

List of School Districts You Anticipate Rendering Dental Services At

School District Name	City	Zip	County	School Type (Headstart, Elementary, Jr. High, etc.)

Additional Dentist Information

List all dentists rendering services	Dentist NPI	Yes or No PHDH collaborative agreement	Personal email	Date completed mandatory training