Friends of Calvert County Seniors, Inc. (FCCS)
Dental Program for Seniors

The Dental Program for Seniors is to ensure that eligible seniors with limited income and resources receive proper dental care. This program is a collaborative effort among the Friends of Calvert County Seniors, Inc., the Calvert County Office on Aging, and the dental community.

Applicants must be at least 60 years of age and a Calvert County resident. You must completely fill out the attached application. Income and asset levels must not exceed the following:

	Monthly Income	Assets
Individual	$1,616.00	$ 9,9950.00
Couple	$2,184.00	$14,910.00

The income and assets of a spouse who lives with the applicant is counted in the calculation process. The senior will provide verification of gross income and assets.

Dental Program for Seniors - Friends of Calvert County Seniors, Inc.
Incomplete applications will not be considered (Please Print)

Name:
Marital Status:
Mailing Address:
Phone Number:
Date of Birth: Race:
Last Four Digits of your Social Security Number:

Updated Oct. 2026

Monthly Income (Please Attach Proof)	Amount Per Month	Spouse's Amount
Social Security/SSI		
Veteran Benefits		
Annuity/Pension		
Medical Assistance	Yes_____ No_____	
Other		

Assets (Please Attach Proof)	Bank/Company	Value
Savings		
Checking		
Other		

Are you a veteran?
Dental Problems/Services Needed:

Doctor's Name:
Phone Number:

Dentist's Name:
Phone Number:

If accepted into this program, I agree to pay the Friends of Calvert County Seniors back 15% of the total amount paid in dental services on my behalf. Furthermore, I admit that truthful information was provided on this application.

I agree to the statement above and understand that I will need to repay 15% of my total bill back to FCCS, Inc.

Signature:
Date:

I would like this person to be contacted on my behalf regarding dental services:

Contact Person:
Relationship to Applicant:
Phone Number:
Email Address:

Please return application to:

FCCS/Office on Aging
450 W. Dares Beach Road
Prince Frederick, MD 20678

Office Use Only:

Date Received:
Signature:

Comments: