



**DEPARTMENT OF HUMAN SERVICES  
WELD COUNTY AREA AGENCY ON AGING**

315 C NORTH 11TH AVENUE

PO BOX 1805

GREELEY, CO 80632

WEBSITE: [www.co.weld.co.us](http://www.co.weld.co.us)

(970) 346-6950

FAX (970) 346-6951

July 2017 – June 2018

**Dental, Vision, and Hearing Program Guidelines (DVH)**

Applicants must be at least 60 years of age and reside in Weld County. Eligibility for the Dental, Vision, and Hearing Program is not based on income guidelines; however, preference will be given to persons with the greatest economic need; greatest social need; low-income; minority; frail; older individuals residing in rural areas as defined in Colorado Regulations Volume 10 of the Older Americans Act.

Any dental, vision, or hearing costs already incurred and paid for will not be covered by the program. The Dental, Vision, and Hearing Program is a Payor of Last Resort. Please ensure your needs cannot be met by any of the programs on the following page prior to applying. Due to funding limitations, if eligible, the financial assistance received may not cover the full cost of the requested services, and clients will only be approved for one service per fiscal year. Any remaining balance is the responsibility of the recipient. Any remaining funds after services have been completed are rolled back into the program for other potential clients. The dental program may not cover dental implants.

Applicants may only apply each consecutive fiscal year as long as it is a service not received the previous fiscal year. Eligibility for the same service is every other fiscal year. The Dental, Vision, and Hearing Program accepts donations to expand services in the Weld County Community. Services will not be denied based on inability to donate. Fiscal years begin July 1 and ends June 30.

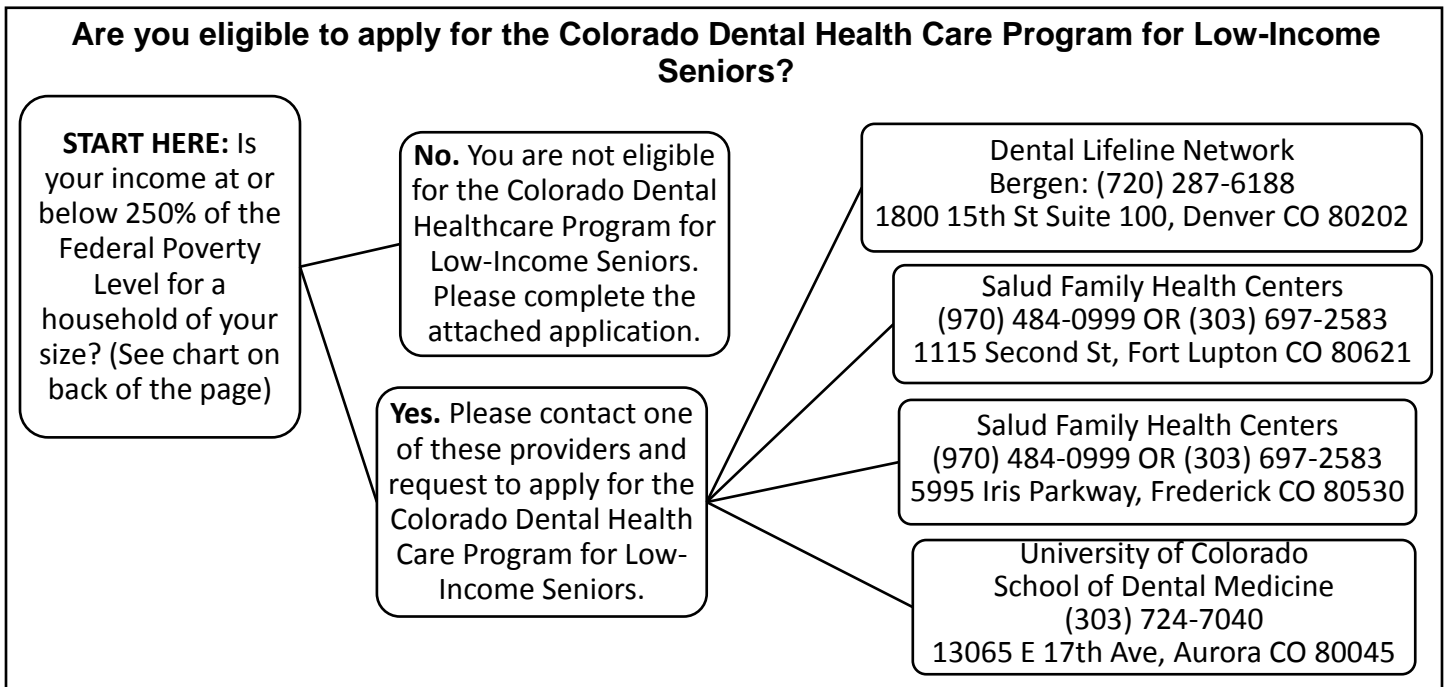
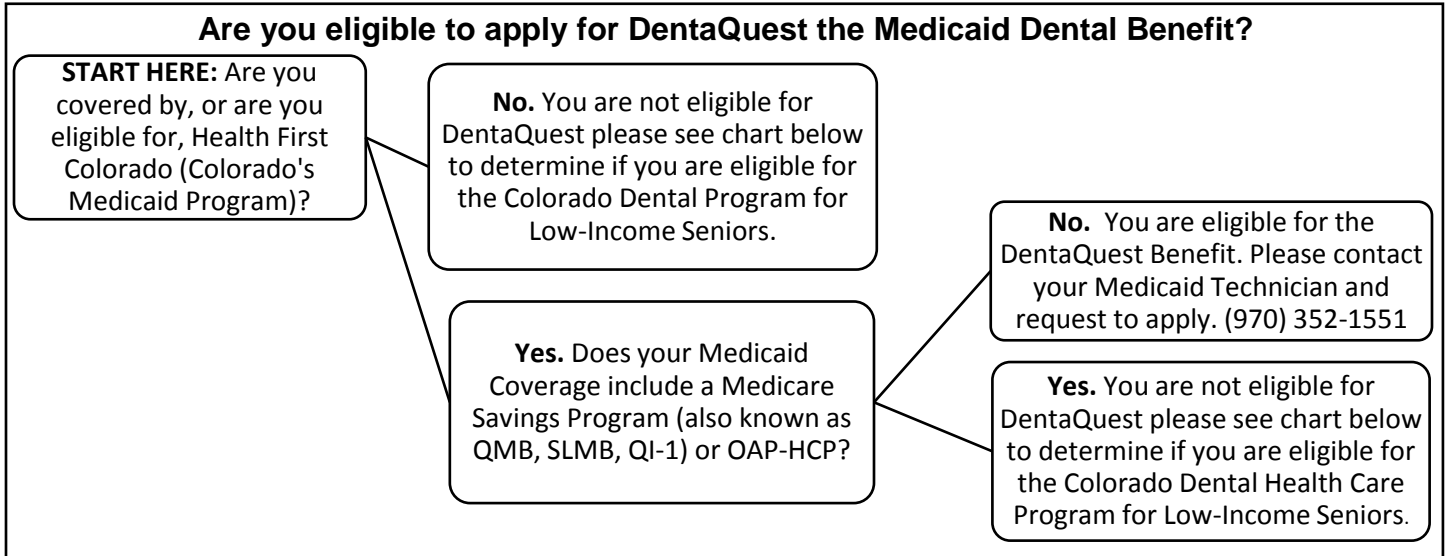
**Contact Information:**

Whitney Janzen-Pankratz  
Wellness Coordinator  
Weld County Area Agency on Aging  
Phone: (970) 346-6950 ext. 6117  
Fax: (970) 346-6951  
Email: [wjanzen-pankratz@weldgov.com](mailto:wjanzen-pankratz@weldgov.com)  
Mailing: PO Box 1805  
Location: 315 N 11<sup>th</sup> Avenue Bldg C  
Greeley, CO 80632

**DENTAL APPLICANTS ONLY:**

July 2017 – June 2018

PLEASE NOTE: The Dental, Vision and Hearing Program is a PAYOR OF LAST RESORT. It is your responsibility to ensure that your needs cannot be met by the following programs prior to applying.



If you have questions or concerns, please contact me at [wjanzen-pankratz@weldgov.com](mailto:wjanzen-pankratz@weldgov.com), or (970) 400-6117. If you are not eligible for DentaQuest or the Colorado Dental Health Care Program for Low-Income Seniors, please complete the attached application.

**Continued on back of page**

**2017 Poverty Guidelines for the 48 Contiguous States and the District of Columbia**

<b>Number of persons in family/ household</b>	<b>250% Poverty guideline (annual income)</b>
1	\$ 30,150.00
2	\$ 40,600.00
3	\$ 51,050.00
4	\$ 61,500.00
5	\$ 82,400.00
6	\$ 92,850.00
7	\$ 94,900.00
8	\$ 103,300.00