

Community Dental Care's School Based Sealant Program - Somali



Mudane/marwo,

Iskuulka caruurtinu dhigato waxaa laga bixinayaa barnaamij caafimaad oo ku saabsan ilkaha ama nadaafada ilkaha. Barnamijkan wuxuu ka caawinayaa caruurta ka hortaga in ilkuhu bololin, iyadoo la gelayo caaga ilkaha lagu daboolo ee loo yaqaano sealant, caagaas oo la gelayo qaybta kore ee cuntada lagu calaalsho. Shaqaale ka shaqeeya ilaalinta caafimaadka ilkaha ayaa samayn doona baadhitaanka caafimaadka ilkaha si ay u eegaan in ilmahaagu u baahanyihiin caaga ilkaha lagu xidhi iyo in kale. Waxa kale oo laga yaabaa in ilmaha ka qayb qaata la siiyo ilko nadiifin iyo daawada fluoride. Waxaa ilmahaaga loo soo dhiibi doonaa akhbaar ku saabsan baadhitaanka ilmahaaga, tirada caagaga ilkaha loogu xidhay iyo weliba macluudadka aad dhakhtarka ilmahaaga u gaysaan hadii loo baahanyahay. Marka caagaga lagu xidho ilkahaaga kadib waxaa laga yaabaa in dib loo eego laba bilood illaa hal sano gudohood marka qofka loo geliyo kadib, haddii loo baahdo. Baadhitaankan aanu samaynoo maaha mid loogu talo galay in uu bedelo baadhitaankii kale ee aad ilmahaaga ku heli laha. Waa in aad ilmahaagu sidii caadiga ahayd u helo baadhitaan dhamaystiran oo uu sameeyo dhakhtarkiisa gaarka ah ugu yaraan sanadkiiba mar.

Fadlan hoos ku caddie in aad rabto in ilmahaagu ka qayb qaataan iyo in kale, hadii aad rabto in ilmahaagu ka qayb qaataan fadlan soo celi foomkan MAANTA (fadlan dooro haa ama maya)

HAA, Waan rabaa in ilmahaagu lasiiyo baadhitaanka kahortaga bololka ilkaha oo ay ku jirto xidhitaanka SEALANT. Haddii aad rabto in ilmahaagu ka qayb qaato: Fadlan buuxi foomkan dhamaantiis (labada dhinacba), saxiix oo u soo celi macalinka ilmahaaga Manta

Maya, ma rabo in ilmahaagu helo daawayntan ka hortaga bololka ilkaha oo ay ku jirto xidhitaanka SEALANTS. Haddii aadan rabin in ilmahaagu ka qayb qaato: Fadlan kusoo qor ilmahaaga magaciisa oo keli ah, soo saxiix dhinaca kale ee foomkan oo soo celi

Ilmaha magaciisa: _____

Gadanayo barnamijka ka hortaga bololka ilkaha:

ILMAHA MAGACIISA _____ DHALASHDA ____/____/____ WIIL _____ GABAR _____

Iskuulga _____ MACALINKA _____ Fasal _____

ADRESSKA GURIGA: _____ TALEEFANKA GURIGA _____

TAARIKHDA CAAFIMAADKA : (Fadlan calaamadi haa ama maya)

- Ilmahaagu miyuu kujiraa xaalad dhowrid gaar ah oo ku saabsan xaalad caafimaad ama xanuun ilmahaagu qabo? **HAA / MAYA**

Haddi ay HAA tahay fadlan faah faahin ka bixi _____

- Ilmahaagu miyuu qaataa wax daawo ah hada? **HAA / MAYA**

Haddii ay HAA tahay fadlan qor daawooyinka ilmahaagu qaato _____

- Ilmahaagu weligiis ma qabay xaalada caafimaad oo halis ah? **HAA / MAYA**

Haddii ay HAA tahay fadlan faah faahin ka bixi _____

- Ilmahaagu ma qabaa wax allerji ah? **HAA / MAYA**

Haddii ay HAA tahay fadlan qor waxa uu ilmahaagu alarju ku qabo _____

- Ilmahaagu ma leeyahay dhakhtarka ilkaha oo u gaar ah? **HAA / MAYA**
- Ilmahaagu ma booqday dhakhtarka ilkaha sanadkii u danbeeyey? **HAA / MAYA**

JINSIYADA ILMAHAGA/CIDA: (Fadlan dooro mida uu ilmahaagu yahay) African American African Other

Caymiska caafimaad ee Minnesota care iyo caymisyada caafimaad ayaa bixiya kharashka progaramkan Sealant/Caaga ilkaha lo kuu talakaley.

Hadii ilmahaagu haysto caymiska Minnesota care, *fadlan dooro* caymiska ilmahaagu haysto oo qor ID nambarka, ama *dooro qaybta* hoose hadii ilmahaagu haysto haysto caymis kale.

Ilmahaygu wuxuu haystaa camiskan:



ID # /Member # _____ PMI#(Health Partners/DentaQuest/UCare) _____

Ilmaheygu waxay haystaan caymis kale oo aan kor ku qornayn: magaca caymiska iyo nambarka kaadhka ama ID # _____

Qorshaha magaca caymiskas _____ Qofka ku qoran caymiska _____

Qofka ku qoran caymiska dhalashadiisa _____ Numbarka aqoonsiga _____

Ilmahaygu ma haysto caymis caafimaadd. Waxaan jeclaanlahaa in ilmahaygu helo caawimaad dhanka bixinta kharashka daawayntan.

Macluumaadka halkii lagaala soo xidhiidhi lahaa hadii xaalad deg deg ah jirto: *Fadlan qor magac iyo taleefan lagaala soo xiriira* xaalad deg deg ahi jirto.

Magaca qofka lala soo xiriirayo: _____ Taleefan: _____

Qof Qofkani muxuu u yahay ardaygan: _____

Ogolaansha daaweynta

Waxaan siinaayaa barnaamijka sealent iyo daryeelka ilkaha bulshada ogolaanshaha dugsiga ku salaysan si ay u bixiyaan baaritaanka ilkaha iyo adeegyo ka hortag ah oo ay ku jiraan nadiifinta ilkaha, ayna ka aruursan ka araan ama kaqaadan karaan lacagta gargaar caafimaadka ama caymiska gaarka loo leeyahay; in uu dentistaha kahelo caruurteyda rekoorkooda caafimaadka ilkahooda iyo bilka; in ay u isticmaali karaan daryeelka ilhaha iyo bilinka; ayna ila soo xiriirikaaran arimaha kusaabsan daryeelka caafimaadka ee daawaynta, lacag bixinta, caymiska, iyo akoonteyga.

Saxiixayгаа foomkan, waa oggolaanshaha ilmaheyga inuu ka qaybgalo barnaamijka dugsiga ku salaysan sealent ah, Waxaan helay nuqul ogeysiiskan ah daryeelka bulshada ilkaha ee gaarka loo leeyahay. Waan ogahay in aan kaheli karo nuqul Ogeysiiska gaarka ah xafiiska kalkaalisada Dugsiga. Ogolaanshahaan wuxuu ansax yahay 24 bilood oo lagu bixin karo adeegyo sii socda.

Magaca waalidka ama masuulka: (fadlan qor) _____

- **SAXIIX** waalidka ama masuulka: _____ Taariikhda _____

If you have questions about Community Dental Care's School-Based Sealant Program, please call (651)-478-4703 and ask to speak with Kali Tiernan Sealant Program Manager.



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