



Missouri Department of Health and Senior Services, Office of Dental Health

P.O. Box 570, Jefferson City, MO 65102-0570
573-751-6182

PSP Cover Sheet & Mailing Instructions for Paper Oral Health Review Forms

COVER SHEET MUST BE INCLUDED WITH ORAL HEALTH REVIEW FORMS FOR EACH PSP EVENT.
Please complete all requested information to ensure proper tracking for PSP Reporting.
Please place Cover Sheet on top of Oral Health Review Forms and place in envelope or box.

Date of PSP Event

Approximate Number of Children
that had an Oral Health Review at Site

County Where PSP
Event Was Located

Address of PSP Event Site, City and Zip Code

Event Contact Person's Name and Phone Number

Event Contact Person's Email Address

PSP Event Location: Select ONE of the three options below and complete the required information that best describes where your PSP event occurred.

1. Department of Elementary and Secondary Education (DESE) School (NO ABBREVIATIONS PLEASE)

OFFICIAL DESE SCHOOL NAME:

OFFICIAL DESE SCHOOL DISTRICT NAME:

2. Head Start (NO ABBREVIATIONS PLEASE)

NAME OF HEAD START CENTER:

OFFICIAL ADMINISTRATIVE AGENCY SUBMITTING FORMS:

3. Other (PRIVATE SCHOOLS, DAYCARES, ETC.)

OFFICIAL SITE NAME:

Important Information - PLEASE READ - MAILING INSTRUCTIONS for PSP Oral Health Review Forms.

- Please use the postage paid manila envelope or box included with your supply order to return the forms.
Include this COVER SHEET with the oral health review forms inside the envelope or box.
Your mail carrier with the United States Postal Service will pick up the envelope or box with your regular outgoing mail.
Do not return blank oral health review forms or unopened fluoride varnish.

REQUIREMENT FOR ALL PSP EVENTS - "Submit" Online Mandatory PSP Event Report within a week of your completed event at: https://health.mo.gov/living/families/oralhealth/psp/ under the PSP Forms drop-down box.

Thank you for your continued support of the oral health of Missouri's children!