



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 Screening Forms**

**COVER SHEET MUST BE INCLUDED WITH SCREENING FORMS FOR EACH PSP EVENT.  
Please complete all requested information to ensure proper tracking for PSP Reporting.  
Please place Cover Sheet on top of Screening Forms and place in envelope or box.**

Date of PSP Screening

Approximate Number of Children Screened at Site

County Where PSP Screening Was Located

Address of PSP Screening 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**

OFFICIAL AGENCY NAME: \_\_\_\_\_

***Important Information - PLEASE READ - MAILING INSTRUCTIONS for PSP Screening 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 screening 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 screening 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://psp.health.mo.gov/forms>

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