ROME SMILE FOR A LIFETIME

Guidelines in applying for braces through Smile for a Lifetime Foundation:

- Applicant questionnaire must be handwritten and answered by the applicant.
- Applicant must be a resident of Floyd, Polk, Gordon, or Cherokee (AL) County.
- Applicant must have a significant aesthetic need for braces.
- *Applicant must demonstrate **financial need**.
- Applicant must be between 11 to 18 years old (For further questions please contact your local Smile for a Lifetime Chapter)
- Applicant must be a currently enrolled student
- Applicant should demonstrate a positive attitude
- Applicant must agree to follow the treatment plan and demonstrate the ability and commitment to make all appointments on time
- Applicant is encouraged to display involvement and leadership in extracurricular activities
- Must be willing during the treatment period to "pay it forward" by completing 10 hours of community service
- **Two Letters of Recommendation are mandatory.** Please **do not** submit more than two letters and **limit** each reference letter **to one page each**. Please type or print clearly with black ink (no pencil). Letters of recommendations may be written by teachers/coaches, counselors, dentists or spiritual leader etc.
- A clear **5x7 head shot with full smile & teeth showing must be included** with application.
- The application, letters of reference and pictures will not be returned and will become property of Smile for a Lifetime Foundation.
- Applications will be reviewed on a quarterly basis. Applications are received on an ongoing basis. Each applicant will be notified of approval or denial after the end of each selection process.
- Return the completed application (page 2), applicant questionnaire (page 3-4), treatment contract (page 5), dentist recommendation, letters of recommendation, and photos together in one packet to:

Pridemore & Cox Orthodontics
Attention: Kate Terry
23 John Maddox Drive, Rome, GA 30165

Questions:
Kateterry1983@gmail.com or 706-234-0877

Rome Smile for a Lifetime

Application

Please check the box indicating each additional piece of information is included:

[ ] General Dentist Form [ ] Two Letters of Recommendation [ ] Copy of Report Card or Transcript

[ ] Headshot [ ] Applicant Questionnaire [ ] Proof of financial eligibility

Applicant Information

Applicant's Name: _____ Age: _____ DOB: _____ M/F

School Name: _____ Grade: _____ GPA: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Name of Dentist: _____ Date of Last Visit: _____

Is the applicant of special needs or require special medical care? [ ] Yes [ ] No

If yes, please provide additional information: _____

Has the applicant received prior orthodontic serves? [ ] Yes [ ] No

If yes, please name the Dr. who gave care and what services: _____

Parent/Guardian Information

1. Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Employer: _____ Work Phone: _____

Average Income: _____ # of Family Members: _____

2. Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Employer: _____ Work Phone: _____

Average Income: _____ # of Family Members: _____

Insurance:

Are you currently receiving any benefits from the following State or Federal assistance programs? Please Circle all that apply.

TANF Child Care Assistance MEDICAID/ STATE HEALTH CARE SCHOOL LUNCH PROGRAM FOOD STAMPS

If you are currently receiving Medical assistance from your state please provide the following:

Insurance Name: _____ Policy #: _____

References:

1. Name _____ Phone: _____

1. Name _____ Phone: _____

How did you hear about Smile for a Lifetime (please circle or write in your answer)?

Internet Search	Family	Friend	Dentist/Orthodontist	Boys & Girls Club	State Office	Other: **(Please Specify)**
Television	Magazine	Radio	Newspaper	CASA	Internet Ad	

Are you a member of the Boys & Girls Club of America?	YES	NO	Do you have a CASA representative?	YES	NO

Applicant Questionnaire

Applicant Questionnaire must be handwritten in paragraph format (5-7 Sentences in length) and answered by applicant only. Questionnaires submitted that are completed by someone other than the applicant will be disqualified.

1) Tell us about yourself. What do you like to do? What extracurricular activities do you participate in? Do you do any community service or volunteer work? What are your goals and aspirations? Take your time to answer these questions. Feel free to use an additional sheet of paper. Remember, this is a competitive process, the more you tell us about yourself, the better.

2) Tell us about your family. How many people live with you and who are they?

3) Why do you want braces? What prevents you from getting braces now? How do you feel about your smile now? How do you think braces will improve your life now and in the future? PLEASE answer all of these questions.

5) If you had a chance to do a favor for another person/organization, without any expectation of being paid back, what would you do and why? Again, **please elaborate**.

INCOME ELIGIBILTY GUIDELINES

Household Size	Federal Poverty Level	S4L Maximum Annual Income (185% of Poverty Level)	Weekly Gross Income	Monthly Gross Income	Twice Per Month Gross	Every Two Weeks Gross
1	$11,670	$21,590	$416	$1,723	$900	$831
2	$15,730	$29,101	$560	$2,333	$1,213	$1,120
3	$19,970	$36,612	$705	$2,944	$1,526	$1,409
4	$23,850	$44,123	$849	$3,554	$1,839	$1,698
5	$27,910	$51,634	$993	$4,165	$2,152	$1,986
6	$31,970	$59,145	$1,138	$4,775	$2,465	$2,275
7	$36,030	$66,656	$1,282	$5,386	$2,778	$2,564
8	$40,090	$74,167	$1,427	$5,996	$3,091	$2,853

Updates to federal poverty guidelines can be found at http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm

TREATMENT CONTRACT

If selected from the pool of applicants by the board members of Smile for a Lifetime Foundation, to receive orthodontic treatment there are a few guidelines required for treatment. Throughout the selection process there is some professional guidance, if requested, but the decision is largely subjective and based on the completeness of the application, commentary, personal essay, character and the accompanying letters of recommendation submitted with your packet. Orthodontic treatment for the Rome Smile for a Lifetime will be provided by a certified orthodontist, Dr. Ryan Cox.

By submitting and signing this application you understand and agree to the following:

1) I agree that appointments will be at the discretion of Pridemore & Cox Orthodontics
2) I understand that this can mean scheduling appointments during non-peak hours i.e. midafternoon Monday through Thursday.
3) I acknowledge that appointments must be kept in order to achieve an expeditious and desirable result.
4) I also understand that keeping appointments is essential to treatment success and is a requirement of accepting care.
5) If you must reschedule appointments, give the staff at least 24 hours' notice. If more than two appointments are missed or appointments are constantly rescheduled it will be considered out of compliance which is grounds for removal of braces and revocation of scholarship.
6) If you ***must*** relocate prior to the conclusion of treatment, Smile for a Lifetime will do its best to find another service provider. However, it is not guaranteed that Smile for a Lifetime will have another provider available in the area and/or can continue to provide treatment as a result.
7) Two retainers will be provided as a part of the scholarship award, any replacements will not be covered by Pridemore & Cox Orthodontics or Smile for a Lifetime.
8) **Direct responsibilities of the patient:**

a) Maintain excellent oral hygiene. If unwilling to meet expectations, due to medical and dental health risks treatment will be discontinued.
b) Follow the rules for eating habits. This will greatly reduce breakage of appliances and it is necessary for satisfactory completion of treatment.
c) Cooperate. More than two (2) loose brackets may be deemed sufficient evidence that cooperation is not sufficient to meet treatment requirements.
d) Other cooperation issues are with failure to cooperate with maintenance of auxiliaries including elastics, wearing head gear, and springs.
e) Attitude. You will be expected to maintain an exceptionally appreciative and respectful attitude once accepted into orthodontic treatment or any other aspect of treatment supported the doctor, supporting staff and/or Smile for a Lifetime. Rude behavior or an inappreciative attitude is unacceptable.

9) **ATTENTION:** Failure to comply with your responsibilities may result in removal of orthodontic equipment and discontinuation of treatment.
10) **ATTENTION:** Honesty is expected. Any misrepresentation, falsification or exclusion of income will be grounds for dismissal from the program. Future applications will not be considered. **Guardian's Initials _____ Applicant's Initials _____**
11) **Media Disclaimer**: If your child is the chosen applicant, you consent to Smile for a Lifetime's (S4L) use, without charge, of all photos, video and audio recordings of your child. S4L may,
    a) Copyright, broadcast, display, publish, re-publish and reproduce your child's image, voice and any statements made by him/her, in whole or in part any and all media forms; and
    b) Assign your child a fictitious name or use his/her first name, likeness, video, photograph, voice, statements and biographic or other information concerning his/ her participation with S4L for fundraising or other promotional and advertising purposes.
12) You and your child also agree to participate in surveys and case management during and after receiving treatment.
13) Legal Guardian Consent: I certify that I am the legal guardian of the child listed on this application. I have all rights and authority to make medical Decisions for the child, that all information in this application is true and correct.

Applicant Name (first, Last, MI)	Applicant Signature	Date
Guardian Name (First, Last, MI)	Guardian Signature	Date
Guardian Name (First, Last MI)	Guardian Signature	Date