smiles for success

Affiliate Program Application

Smiles for Success Guidelines

- The organization should be a charity or governmental institution, which would qualify under section 501(c)(3) of the Internal Revenue Code.
- The organization must provide job training or preparation that will lead to successful employment.
- The organization must provide follow up programs to ensure job retention.
- Women referred to the Smiles program should be preparing to reenter the workforce and should not currently hold a compensative position outside of the job-training program through which they are applying.
- Women applying to the Smiles program should have completed more than half of their training program to ensure success and completion of the Smiles program.
- Women must be drug-free for at least three months before applying to the Smiles program.
- The Smiles program does not provide complete makeovers. The help provided is meant to be a short-term solution with the goal that participants will find employment and follow up with dental care as needed.
- Caseworkers should be prepared to work closely with the participant and the Smiles program to monitor progress and provide guidance as necessary.
- Caseworkers should report any issues or concerns that may arise during treatment to the Smiles office.

Program Name and Contact Information

Program Name:	
Contact Name:	
Contact Title:	
Mailing Address:	
Email Address:	
Phone Number:	
Website URL:	



Affiliate Program Application

Program Description

Is the program a 501 (c)(3)? ☐ No ☐ Yes
What type of training does the program provide? (Please elaborate and attach information):
Are participants on public assistance?
What is the average length of the program?
How many hours of training a week?
Are there any follow up programs for your graduates in place?
How many women do you expect to refer to the Smiles program per year?
Do you provide transportation to dental appointments? $\ \square$ No $\ \square$ Yes
Are you associated with a Smiles for Success program?
Are women referred to you by other organizations and if so, which ones?
I acknowledge that this program and/or assigned caseworker will assist the patient with setting the first dental screening appointment. \square No \square Yes
Women applying for the Smiles for Success program should have completed more than half of their training program to ensure success and completion of the Smiles program.
Name of potential Smiles applicant:

Please mail or fax this form to Smiles for Success Foundation: