



## SFS Patient Application

### Background

The Smiles for Success Foundation was established by members of the American Association of Women Dentists (AAWD) to reach out and help others. The program is designed to help women who are motivated, responsible and determined to help themselves and move forward with their lives. Smiles for Success offers cost-free dental care (for a limited time) to women who actively pursue moving from public assistance into the workforce and independence.

### Eligibility

Smiles for Success applicants must be currently attending or have completed an accredited job-training program and actively pursuing a transition from public assistance into the workforce. Applicants must maintain contact with their caseworkers/ counselors throughout their treatment in the Smiles program.

### Application Procedure

Please complete, sign and return the application. When your application comes up for review, your counselor or case worker will be contacted to verify your status and eligibility. The central office will then attempt to find a dentist in your area who is willing to provide treatment. You will be responsible for working with your counselor or case worker to schedule your dental appointments. Applicants who miss appointments without advanced notification will be automatically dropped from the program.

Please note: Partially completed applications will not be reviewed. Please type or print legibly.

### Part 1: Patient Information

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you previously received dental care through the Smiles for Success Program? ☐ No ☐ Yes

If yes, please provide the name of the dentist: \_\_\_\_\_ Date: \_\_\_\_\_

Ethnicity (your information is voluntary and is requested for applicant statistics): \_\_\_\_\_

When did you last see a dentist? \_\_\_\_\_

What service did the dentist provide? \_\_\_\_\_

Do you receive Medicaid or Medicare benefits? \_\_\_\_\_

Do you have dental insurance? ☐ No ☐ Yes

If yes, insurance company: \_\_\_\_\_



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**Part 2: Community Program Information** (Programs not affiliated with Smiles need to complete the Affiliate Application on the Smiles website at <https://smilesforsuccess.org/>)

Name of Community Program: \_\_\_\_\_

Caseworker Full Name: \_\_\_\_\_

Caseworker Email Address: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Estimate Completion Date: \_\_\_\_\_

*If referring agency and community program are the same, leave referring agency information blank.*

Referring Agency: \_\_\_\_\_

Caseworker Full Name: \_\_\_\_\_

Caseworker Email Address: \_\_\_\_\_

### Describe Your Dental Needs

All participants are pre-screened. Only certain procedures are covered by the program. Examples of some procedures NOT covered are: bleaching or whitening of the teeth, braces and removal of wisdom teeth. In addition, following procedures are not covered unless laboratory expenses have been pre-approved by Smiles for Success: crowns and bridges, orthodontics, partial upper and partial lower dentures, full upper and full lower dentures.

\_\_\_\_\_  
\_\_\_\_\_

How will you get to dental appointments? \_\_\_\_\_

What other towns could you travel to for treatment? \_\_\_\_\_

### Part 3: Written Response and Letter of Recommendation

The patient should answer the following questions through a typed document that is attached and submitted with this application.

- 1) Tell us in 25 words or more how you believe dental treatment will help you in obtaining your goals.
- 2) What are your short terms goals (within the next year) and what are your long-term goals?
- 3) The dentists in our program donate their time and services. They are not paid by the Smiles for Success Foundation. If you are accepted into this program, the dentist will help you restore your oral health. What plans do you have to ensure your dental health in the future?
- 4) **Letter of Support and Recommendation:** Please provide a letter of support from your job readiness program.

This application and all attachments should be emailed directly from your assigned caseworker to [cp@secure.smilesforsuccess.org](mailto:cp@secure.smilesforsuccess.org). The application can also be faxed or mailed to:

Smiles for Success Foundation  
7794 Grow Drive, Pensacola, Florida 32514  
Phone (850) 920-474-7292 | Fax (850) 484-8762  
[info@smilesforsuccess.org](mailto:info@smilesforsuccess.org) | [www.smilesforsuccess.org](http://www.smilesforsuccess.org)