



Smile for a Lifetime of the Ozarks Foundation

- You must submit a 5 X 7 head-shot photo of applicant with full smile and teeth showing.
• You must have two letters of reference (typed and limit each to one page each).

The applicant is an excellent candidate for Smile for a Lifetime because (please limit answer to space provided):

Multiple horizontal lines for writing the answer to the question above.

of times applicant has submitted an application to Smile for a Lifetime _____ Applicant age: _____
Applicant sex: _____

Applicant grade: _____ Household income: _____

Parent/guardian place of employment: _____

Do applicants qualify for ARKids _____ Is applicant covered by dental insurance? (specify company and policy #: _____

Contact information:

Applicant Name: _____

Parents' Name: _____

Address: _____

Parent/guardian/applicant e-mail address: _____

Responsible party phone numbers: Home: _____ Cell: _____

Submitted by (circle one): Self Parent School Counselor Dentist
Other _____

Please mail completed form with picture and reference letters to:

Smile for a Lifetime of the Ozarks Foundation
Attn: Jennifer James
181 Kentucky, Suite 300
West Plains, MO 65775
For questions: 417-256-5100
Link: www.osoortho.com

Candidates chosen for screening will be asked to provide verification of family income which may include a copy of last year's tax return, W-2, or a copy of the most recent pay stubs insuring Smile for a Lifetime that financial requirements are met.



Smile for a Lifetime of the Ozarks Foundation

Helpful guidelines in applying for braces through Smile for A Lifetime of the Ozarks Foundation:

- Letters of Recommendation are mandatory. Please do not submit more than two letters and limit each reference letter to one page. Please type or print clearly with black ink (no pencil).
- Your attached picture of the applicant's teeth must be clear.
- Your application, letter of reference and pictures will not be returned to you and will become property of Smile for a Lifetime of the Ozarks Foundation.
- The applicant must be under 18 years of age and a resident of the area that the foundation serves.
- Return your completed application form to:

Smile for a Lifetime of the Ozarks Foundation
Attn: Jennifer James
181 North Kentucky, Suite 300
West Plains, MO 65775

Contact for questions:

Jennifer@osoortho.com

or

417-256-5100

Applications that do not meet these criteria will not be voted on by our Board of Directors. Our Board of Directors will meet quarterly to make their selections.

GUIDELINES FOR APPLICANTS TO SMILE FOR A LIFETIME, INC.

When selecting an applicant to receive orthodontic treatment at no cost to the applicant, the Board of Directors must consider the guidelines listed in this document. There are both financial and medical guidelines that each applicant generally must meet to qualify to receive orthodontic treatment through Smile for a Lifetime. While the financial guidelines generally must be met in order for the applicant to qualify, the Board may select an applicant that does not fall within the financial qualifications if special circumstances are present (e.g. a family member has a serious illness that has drained the family's financial resources, a parent was killed in the line of duty, etc.), and, in the Board's discretion, the Board agrees to waive the financial guidelines for that particular applicant.

1. Financial Guidelines

In general, an applicant's parents must have income that is lower than 185% of the Federal poverty level. The following chart will be the general financial guidelines for 2008-2009 that an applicant's family must meet in order to be considered, unless special circumstances are present:

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Every 2 Weeks</u>	<u>Weekly</u>
1	\$19,240	\$1,604	\$740	\$370
2	\$25,900	\$2,159	\$997	\$499
3	\$32,560	\$2,714	\$1,253	\$627
4	\$39,220	\$3,269	\$1,509	\$755
5	\$45,880	\$3,824	\$1,765	\$883
6	\$52,540	\$4,379	\$2,021	\$1,011
7	\$59,200	\$4,934	\$2,277	\$1,139
8	\$65,860	\$5,489	\$2,745	\$1,267
Each add'l member	\$6,600	\$555	\$257	\$129

2. Medical Guidelines.

An applicant must have a significant Dental and/or orofacial deformity that contributes to functional and social disability and that may inhibit the applicant from enjoying all that life has to offer. Given the nature of the assets that Smile for a Lifetime has at its disposal and other funding issues, some patients will benefit more from the services offered than others. The Board will use professional advisors to assist in selecting candidates that will receive maximum benefit. The Board Advisor will examine and pre-screen applicants, and will provide a professional opinion to the Board as to the degree of need of the applicants. The Board Advisor will verify a need for orthodontic treatment, and will determine the degree of the need of each applicant. The Board shall consider the professional opinion of the Board Advisor in selecting the applicants to receive treatment.

3. Oral Hygiene and Good Attitude.

Any and all patients selected by the Board must demonstrate excellent oral hygiene, cooperation with treatment, responsibility and above all a good attitude. The nature of orthodontic treatment requires assistance and cooperation from the patient and without the necessary cooperation, treatment may be terminated. The orthodontist providing treatment may terminate service if the patient does not exercise good oral hygiene, is uncooperative, or does not exhibit a good attitude.