



APPLICATION FORM

Smiles 4 Canada is a program of the Canadian Foundation for the Advancement of Orthodontics (CFAO) in conjunction with the Canadian Association of Orthodontists (CAO)

A. Patient Information Form

Applicant's Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Street Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Phone Number: _____

E-mail Address: _____

How many years has the applicant lived at this address? _____

Number of children in the applicant's family, including the applicant: _____

Number of parents and/or guardians in the applicant's family: _____

Please list all of the parents and/or guardians that are responsible for the applicant:

Parent/Guardian #1

Full Name: _____

Relationship to Applicant: _____

Street Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Phone Number: _____

E-mail Address: _____

Parent/Guardian #2

Full Name: _____

Relationship to Applicant: _____

Street Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Phone Number: _____

E-mail Address: _____

Parent/Guardian #3

Full Name: _____

Relationship to Applicant: _____

Street Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Phone Number: _____

E-mail Address: _____

B. Financial Information Form

Please provide the Net Income for each of the 2 most recent years for each of the applicant’s parents/guardians. This information is shown on the Canada Revenue Agency (CRA) Notice of Assessment (NOA).

Please be advised that this information will remain confidential and will only be used by the Regional Committee to evaluate the financial need of the family.

Please provide one copy of Page 2 of each NOA and attach to this application form.

Parent/Guardian #1

Taxable Income from last year (Line 260) _____

Minus: Total Tax Payable from last year (Line 435) _____

Equals: After Tax Income from last year: _____

Taxable Income from prior year (Line 260) _____

Minus: total Tax Payable from prior year (Line 435) _____

Equals: After Tax Income from prior year: _____

Parent/Guardian #2

Taxable Income from last year (Line 260) _____

Minus: Total Tax Payable from last year (Line 435) _____

Equals: After Tax Income from last year: _____

Taxable Income from prior year (Line 260) _____

Minus: total Tax Payable from prior year (Line 435) _____

Equals: After Tax Income from prior year: _____

Parent/Guardian #3

Taxable Income from last year (Line 260) _____

Minus: Total Tax Payable from last year (Line 435) _____

Equals: After Tax Income from last year: _____

Taxable Income from prior year (Line 260) _____

Minus: total Tax Payable from prior year (Line 435) _____

Equals: After Tax Income from prior year: _____

C. Personal Statement Form - to be Completed by the Applicant

Please let us know why you are applying to Smiles 4 Canada. Why are you unhappy with your teeth and smile? Why are you interested in receiving orthodontic treatment? What are you hoping to achieve by receiving orthodontic treatment? Please also provide an example of something that is somewhat difficult that you have undertaken over a long period of time, and how you worked through the tougher parts. Please limit your response to 1 page.

D. Digital Photos Guide

We require at least 6 photos to help us evaluate the severity of the dental problems. These can be taken with any digital camera. Descriptions of the 6 necessary images are below. Please feel free to include additional photos.

These images must be e-mailed to smiles4canada@associationconcepts.ca with the applicant’s name in the subject field; alternately, they can be included with the application on a USB memory stick or on a CD. Below are samples of the types of photos we require. Please note you must send full-size images as part of your application.

Image #1 – Portrait from the front with lips at rest



Image #2 – Portrait photo from the front with a smile showing teeth



Image #3 – Profile photo from the side with the lips at rest



Image #4 – Photo of the teeth from the front with the teeth biting together fully (You may use your fingers to help move the lips out of the way)



Image #5 – Photo of the upper teeth from the front with the mouth wide open (You may use your fingers to help move the lips out of the way)



Image #6 – Photo of the lower teeth from the front with the mouth wide open (You may use your fingers to help move the lips out of the way)



E. Personal Reference Form

We require a personal reference from someone who knows the applicant well. Any adult non-relative can act as a personal reference. This might be a teacher, principal, coach or religious leader. A relative/guardian of the applicant **cannot** provide a personal reference.

Please give a copy of this page to the person providing the personal reference. It provides a brief outline of Smiles 4 Canada and the expectations of the personal reference.

Smiles 4 Canada is a program run by the Canadian Foundation for the Advancement of Orthodontics (CFAO) in conjunction with the Canadian Association of Orthodontists (CAO). The program provides access to orthodontic care for low-income young Canadians who would otherwise not be able to receive treatment. Applications are evaluated by a Regional Committee that assesses the financial status of the family, the severity of the dental problems and the character of the applicant. Orthodontic treatment is provided by participating orthodontists who have agreed to donate their services to this worthwhile program. Participating orthodontists receive no compensation, other than the satisfaction of helping a deserving young individual. We are asking for your input to help us determine if the applicant is truly worthy of this program, and will see his/her treatment through to completion.

Your personal information should include:

1. Name of the applicant
2. Your name
3. Your position/occupation
4. Your address
5. Your phone number
6. Your e-mail address
7. Your relationship to the applicant
8. How long you have known the applicant
9. The way(s) you think the applicant is affected by his/her teeth and smile
10. Your description of the applicant's character, and his/her willingness to persevere through a long process, and, if you are aware of one, an instance when s/he has done so.
11. Whether you would recommend the applicant for treatment through Smiles 4 Canada

Please limit the personal reference to one page. You should sign the personal reference, seal it in an envelope, sign it again over the seal of the envelope and return it to the applicant for submission to the program. Please note you should not discuss the letter or share the contents with the child or his/her parent/guardian.

Thank you for your help with this application. If you have any questions about the program or the personal reference, please visit www.smiles4canada.com or contact us by e-mail at: smiles4canada@associationconcepts.ca



**A Program of the Canadian Foundation for the
Advancement of Orthodontics**

2800 14th Ave., Suite 210, Markham, ON L3R 0E4
Email: administration@smiles4canada.ca

F. Program Rules, Expectations and Release Form

Successful Orthodontic treatment requires a significant amount of patient cooperation. This form outlines the rules of the program and some of the expectations of treatment. **The parent/guardian submitting this form must initial each point to signify agreement with each point before the application will be considered.**

Program Rules/Treatment Expectations

**Parent/
Guardian Initials:**

Smiles 4 Canada covers the cost of orthodontic treatment only. Other dental treatment may be required for the orthodontics to be completed. This may include cleanings, fillings, extractions, gum surgery, root canals or jaw surgery. Smiles 4 Canada does not cover the cost of these other dental procedures. You and the patient agree to undertake the necessary treatment so that orthodontic treatment can proceed.

Orthodontic treatment can only be completed in the presence of ideal oral health. The patient is expected to maintain regular appointments with his/her general dentist and comply with any treatment recommended by his/her general dentist.

The patient is expected to keep his/her mouth clean during orthodontic treatment. This reduces the risk of cavities and gum problems. If the treating orthodontist does not believe the mouth is being kept clean enough, treatment will be stopped and the braces will be removed.

The patient is expected to see his/her orthodontist regularly. This allows treatment to progress and reduces the risk of unwanted tooth movement. If the treating orthodontist finds the patient is not attending regular appointments, treatment will be stopped and the braces will be removed.

The patient may be expected to wear rubber bands to help fix the position of his/her teeth. If the treating orthodontist does not believe the patient is wearing the rubber bands as required, treatment will be stopped and the braces will be removed.

The orthodontic office will make other recommendations regarding keeping the mouth healthy and clean, foods and drinks to avoid, emergencies with the braces, and appointment schedules. The patient agrees to follow all of the recommendations and policies of the orthodontic office.

The \$500 administrative fee will not be returned under any circumstances. This includes if the braces are removed early for any of the reasons mentioned above.

The patient will be expected to wear retainers following orthodontic treatment. If the retainers are not worn as recommended by the orthodontist, the teeth will shift back to their original positions. The patient agrees to wear the retainers as recommended by the orthodontist.

The treatment provided through Smiles 4 Canada includes the cost of one set of retainers. If the retainers are damaged or lost, or simply wear out over time, a replacement set of retainers will be required. There will be an additional cost for any replacement retainers.

The orthodontic treatment will be provided by one orthodontic office. If the patient moves and is no longer able to visit the original office, Smiles 4 Canada will **attempt** to find another orthodontic office to complete the treatment; however, Smiles 4 Canada cannot guarantee that a new office will be found. If Smiles 4 Canada cannot find an orthodontist to complete the treatment, the patient will be responsible for finding his/her own way to complete the treatment, including any costs involved.

F. Program Rules, Expectations and Release Form (Continued)

The patient will be expected to complete a short report at the end of his/her treatment, outlining how orthodontic treatment has helped him/her. The patient agrees to complete the report within 3 months of the completion of treatment.

I, the parent/guardian of the applicant, confirm the information provided in this application is accurate and complete. The application fully discloses all sources of financial support for the applicant and the family, and all relevant health information relating to the applicant.

I, the parent/guardian of the applicant, consent to the sharing of the contents of this application between the administrative staff and the members of the Regional Committee. I understand that financial and health information is private under federal and/or provincial legislation, and I give express consent to the sharing of the financial and health information and to any verification of such information as CFAO may feel is necessary. I understand the contents of this application, including the financial and health information, will **only** be used to determine the applicant's eligibility for the program.

If the applicant is accepted for treatment, I, the parent/guardian of the applicant, agree to pay an administrative fee of \$500 **before** treatment is commenced. I understand that treatment will not take place until this fee is paid in full and that, once treatment has commenced, the fee will not be refunded under any circumstances whatever.

If the applicant is accepted for treatment, I, the parent/guardian of the applicant, consent to the use of his/her name, case history, images and testimonial to help promote the program. This may include postings on the program's website and/or other promotional materials.

If the applicant is accepted for treatment, I, the parent/guardian of the applicant, consent to the sharing of the information contained in parts A, C, D, F and G of the application with the treating orthodontist.

If there are more than one parents/guardians, I, the parent/guardian of the applicant certify that I have discussed this application with the other parent(s)/guardian(s) and that they have consented to submission of this application.

Name *(please print)*: _____

Signature: _____

Date: _____



**A Program of the Canadian Foundation for the
Advancement of Orthodontics**

2800 14th Ave., Suite 210, Markham, ON L3R 0E4
Email: administration@smiles4canada.ca

G. Dental Examination Form - to be Completed by the Applicant's General Dentist

In order to apply for orthodontic treatment through Smiles 4 Canada, we require the applicant's general dentist to complete this short form. This will help ensure the applicant's teeth are healthy and that his/her oral hygiene is adequate for orthodontic treatment to be completed.

Smiles 4 Canada is a program run by the Canadian Foundation for the Advancement of Orthodontics (CFAO) in conjunction with the Canadian Association of Orthodontists (CAO). The program provides access to orthodontic care for low-income young Canadians who would otherwise not receive treatment. Applications are evaluated by a Regional Committee that assesses the financial status of the family, the severity of the dental problems and the character of the applicant. Orthodontic treatment is provided by a participating orthodontist who has offered to donate his/her services to this worthwhile program. The patient pays a small administrative fee for the treatment, generally less than 10% of what s/he would normally expect to pay for orthodontic treatment. The orthodontist receives no compensation, other than the satisfaction of helping a deserving young individual. We are asking your input to help us determine if the applicant's dentition is adequate for orthodontic treatment. Please complete the following and return it to the applicant.

Dentist's Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ E-mail: _____

How long has the applicant been under your care? _____

Please rate the applicant's prior caries rate: *Very Low* *Low* *Average* *High* *Very High*

Is the patient currently caries free? Yes No

Please rate the applicant's oral hygiene: *Very Low* *Low* *Average* *Good* *Very Good*

Do you believe the applicant's oral health and hygiene are adequate for orthodontic treatment? Yes No

Would you recommend this patient for treatment through Smiles 4 Canada? Yes No

Is there anything else you would like the Committee to know as they are evaluating the applicant's case?

Signature of Dentist

Date _____



A Program of the Canadian Foundation for the Advancement of Orthodontics

2800 14th Ave., Suite 210, Markham, ON L3R 0E4
 Email: administration@smiles4canada.ca