



## Application Instructions

*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)*

Thank you for your interest in Smiles 4 Canada. This program is designed to facilitate the orthodontic treatment of deserving, low-income young Canadians. Please be advised of the following:

1. Completion of this application package does not guarantee acceptance for treatment through the program. The application will be evaluated by a Regional Committee and you will be informed whether the applicant has been accepted into the program.
2. To qualify for the program, the combined family income after tax in the two most recent taxation years must be below the Federal Low Income Cut-Offs. For more information on the Federal Low Income Cut-offs, please see the Smiles 4 Canada website (<http://smiles4canada.yourmileourspecialty.ca/how-to-apply/application-criteria>) or <http://www.statcan.gc.ca/pub/75f0002m/2014003/tbl/tbl01-eng.htm>.
3. Patients accepted for treatment will be required to pay a \$500 administration fee to Smiles 4 Canada before treatment is started. The orthodontist does not receive any compensation for providing the treatment. In most cases, the \$500 administration fee will be the only fee to be paid for the orthodontic treatment.
4. The application must be received before the applicant's 14<sup>th</sup> birthday to be considered for the program.
5. The application can be printed and handwritten or completed electronically and then printed.
6. The complete package must be received before the application will be considered. Incomplete applications will be returned.
7. The information you provide will be kept strictly confidential and used solely for the purpose of evaluating the application. If your application is successful, we will provide the information from Parts A, C, D, F and G to the orthodontist who will be supplying your child's treatment. By submitting this application, you consent to these uses of the information.

The complete application package includes the following:

- A. Patient Information Form
- B. Financial Information Form
- C. Personal Statement Form
- D. Digital Photos Guide
- E. Personal Reference Form
- F. Program Rules, Expectations and Release Form
- G. Dental Examination Form
- H. Application Checklist

The completed application should be **mailed** to:

Smiles 4 Canada  
c/o 2800 14<sup>th</sup> Avenue  
Suite 210  
Markham, ON  
L3R 0E4

## Details of Information to be Included in the Application

The application includes the following information:

- **Patient Information Form:** This gives us some basic information about you, your child, and your family – primarily how to contact you and any other decision-makers in your child’s life.
- **Financial Information Form:** Smiles 4 Canada is targeted at lower-income families – specifically those whose total after-tax family income in the previous two taxation years is below the Federal Low Income Cut-Offs (LICO). To substantiate income, we ask you to provide information on the income for all your child’s parents/guardians and a copy of the Canada Revenue Agency’s Notice of Assessment. The table on our website <http://smiles4canada.yoursmileourspecialty.ca/how-to-apply/application-criteria> provides information on LICO.
- **Personal Statement Form:** We want your child’s treatment to be successful, and an important part of that success is his/her motivation – the more emotional investment your child has in the treatment, the greater the likelihood s/he will work cooperatively with the orthodontist and see it through to completion. In this form, we ask you and your child to share with us your reasons for receiving treatment, your goals for the treatment, and the steps you both are prepared to take to ensure the treatment is successful. your goals for the treatment.
- **Digital Photos:** To help us evaluate the severity of your child’s dental problems, we ask that you send us at least 6 specific digital pictures; you are welcome to send more, but we need these 6 in order to determine the need and the amount of work to be done.
- **Personal Reference Form:** We ask that you submit a personal reference for your child, to help us understand his/her character. The reference is in the form of a letter, written by someone other than a relative, explaining how the child is affected by his/her teeth and smile and what his/her character is, and what his/her attitude is toward seeing things through to completion, even if initial results are not dramatic. The letter is to be sealed, with the sender’s signature over the seal, and is confidential - the person writing the letter should not discuss or share it with you.
- **Program Rules, Expectations and Release Form:** This form constitutes an agreement between you, CFAO and the treating orthodontist. In it, you agree to ensure your child keeps his/her teeth clean, maintains his/her oral health, complies with the orthodontic treatment (including keeping all appointments, wearing retainers and rubber bands (if necessary)), and has any additional dental work that may be necessary. It also specifies what is included in the treatment, and what you might have to pay for separately. Finally, you are asked to give your consent on a number of important privacy considerations, including the disclosure of financial and health information to the Regional Committee that reviews the application and to the CFAO.
- **Dental Examination Form:** To undertake your child’s treatment, we need to have a good understanding of his/her current and past dental health and his/her commitment to dental care. We ask that the child’s general dentist completes this form and shares some basic dental health information with us. Please note, your dentist may charge for the completion of this form.
- **Application Checklist:** This checklist helps you keep track of the various forms and whether they have been submitted.

If you have any questions about the form, please contact us by e-mail at [smiles4canada@associationconcepts.ca](mailto:smiles4canada@associationconcepts.ca).

**A. Patient Information Form**

Please provide us with the your child's name, date of birth and contact information, along with the name, relationship to the child (parent or guardian) and contact information for each of your child's parents/guardians. Contact information consists of each person's street address (including city/town, province and postal code), telephone number and e-mail address. This information will be used solely to allow us to contact you, the other parent(s)/guardian(s) and your child, and will be provided to your child's treating orthodontist.

In this section, we also ask for some very basic information about your child – how long s/he has lived at the current address, the total number of children in his/her family (those who are living with him/her) and the number of parents/guardians. This information will be used to assist us in evaluating the application and will also be shared with the treating orthodontist.

**B. Financial Information Form**

This information will be used solely to evaluate the application, and will not be shared with the treating orthodontist. We ask you to provide a summary of each parent's/guardian's taxable and after-tax income for the two most recent calendar years in the form, and to attach copies of each person's Notice of Assessment as issued by the Canada Revenue Agency for those years.

**C. Personal Statement Form**

This is a letter, no more than a page long, where your child explains, in his/her own words why s/he wants orthodontic treatment and what s/he hopes that treatment will accomplish, and what both of you are willing to do to ensure the treatment is successful. It can be pasted into the form or included as a separate page.

**D. Digital Photos**

Pictures of your child's mouth and teeth will help us assess the severity of his/her dental problems. The specific pictures we need are listed in the "Digital Photos Guide" in the Application Form. These must be submitted electronically (emailed to [smiles4canada@associationconcepts.ca](mailto:smiles4canada@associationconcepts.ca)) or provided with the application on a CD or USB stick. This information will be used as part of the evaluation process and will also be provided to the treating orthodontist.

**E. Personal Reference Form**

The personal reference helps us assess your child's motivation, general character and willingness to persevere and cooperate with a long treatment process. The reference must be from an adult who is **not** related to your child, but knows him/her well. This might be a teacher, principal, coach or religious leader. The reference must be provided to us in a separate sealed envelope, with the signature of the person giving the reference over the seal on the envelope; the reference itself must also be signed. The person giving the reference should not discuss the letter or share its content with either you or your child. This information will be used in evaluating the application, but will not be shared with the treating orthodontist.

**F. Program Rules, Expectation and Release Form**

This form consists of sixteen (16) separate points to which you must agree in order for us to consider the application. You should signify your agreement by initialling each point and signing and dating the form. These points establish what you can expect from the treatment, what the treating orthodontist expects of your child, and the consequences if your child does not comply with the expectations. There is also important information on confidentiality of information. You should read and understand all these points before initialing and signing.

**G. Dental Examination Form**

This form is to be completed by your child's general dentist. It helps us assess the child's dental health, and his/her willingness to take actions to support good dental health. It will also be shared with the treating orthodontist.

## H. Application Checklist

Please ensure you have completed the following before submitting the application:

- Patient Information Form
- Financial Information Form
- Attached copies of Page 2 from the last 2 year's Notices of Assessment for each Parent/Guardian
- Applicant's Personal Statement
- Electronic copies of at least 6 digital photos (as specified in the Digital Photos Guide) included with application or e-mailed to: [Smiles4canada@associationconcepts.ca](mailto:Smiles4canada@associationconcepts.ca)
- Personal Reference, signed and sealed in signed envelope
- Program Rules, Expectations and Release Form with initials for each point
- Dental Examination Form completed and signed by the applicant's general dentist