



APPLICATION CHECKLIST

(Include this completed checklist with your application)

All of the items below must be **FULLY** completed and submitted to SCL for **EACH** child that is applying to the program. Use this checklist to indicate that you have included each required document; that each has been fully completed; and that all items are signed where required. **If your application is INCOMPLETE, it will be returned to you and in order to be considered for the program, you will be required to submit a NEW complete application, including an additional \$30 non-refundable fee.**

- Check the website** to determine the availability of providers and average minimum wait time for your area. www.smileschangelives.org/for-kids-and-parents/apply-for-braces/application-waiting-period. Unfortunately, we do not currently have providers available in some areas and cannot guarantee treatment with a provider even if your child qualifies. **Do not contact any SCL providers until you are instructed to do so by our office; this is grounds to be denied or removed from the program.** Note: if a child is 18 or older when he or she applies, please be aware that the chances of placement with a treatment provider are greatly reduced depending on provider availability/wait times in your area as treatment cannot be started after a child turns 19.
 - General Application** (pg 3-5)
 - Child “About Me” Page (REQUIRED):** (page 6) **Must be completed by the child and included with your application.** This will be shared with the screening orthodontist and is your child’s opportunity to explain what this treatment would mean to him/her and why they are a good candidate for the program. **Additional letters of support may also be included (optional).**
 - Notice of Privacy Practices** (pg. 7 – MUST be signed by parent/guardian; child must sign if 18 or older)
 - Program Rules and Guidelines** (pgs. 8 - All items MUST be **initialed** by parent/guardian; child must initial if 18 or older)
 - Parent/Legal Guardian Consent & Hold Harmless** (pg. 9–MUST be signed by BOTH parent/guardian & child)
 - EIGHT (8) photos of the child are required** (see pgs 10-11 for examples). Photos must show the child’s teeth **CLEARLY** and be in accordance with the guidelines described at: www.smileschangelives.org/for-kids/application-process/applicant-photos-explained. All **8 photos** must be **PRINTED** and have the child’s full name written on the back of each photo. Color photos preferred.
 - Federal Tax Form 1040 OR a Supplemental Security Income Awards Letter (US) / or a T4 and Tax Assessment or Canada Child Benefit Form (Canada).** (See page 4 for additional information on this requirement). Proof of income **MUST** be submitted in the form of either a **COMPLETE** copy of the most recent year’s federal tax return (include **ALL** pages) **OR** a copy of a current Supplemental Security Income Awards Letter (US) or a Canada Child Benefit Form (Canada). **[Note: we do not accept Social Security benefits letters as proof of income]** Tax forms/Social Security Income Awards Letters that are altered in any way, including removing/blacking out Social Security numbers, **will NOT be accepted. If you are submitting applications for more than one child, you MUST include a copy of your tax form OR Supplemental Security Income Awards Letter with EACH application.**
 - \$30.00 (USD) non-refundable application fee** (check or money order; payable to **Smiles Change Lives**)
- * Documentation required for non-parental guardians (i.e. foster parents, foster agencies, and court appointed guardians):**
- Non-parental guardians must submit a copy of their authorization to make medical decisions (e.g. court order).
 - For children in state custody, copies of the child’s state medical card and medical consent must be submitted.
 - A child in **state custody** is **NOT** required to submit proof of income.

Mail COMPLETE application to:
Smiles Change Lives, 2405 Grand Blvd, Suite 300, Kansas City, MO 64108
Please ensure you use adequate postage and keep a copy of your completed application for your records.