



## APPLICATION CHECKLIST

(must be signed and included with submitted 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.

### General Application (pg 3-4)

Federal Tax Form 1040 OR a Supplemental Security Income Awards Letter (US) / or a T4 and Tax Assessment (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, schedules or statements) OR a copy of a current Supplemental Security Income Awards Letter (US) or a T4 and a Tax Assessment 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.

Notice of Privacy Practices (pg. 5 – MUST be signed by parent/guardian; child must sign if 18 or older)

Program Rules and Guidelines (pgs. 6 - All items MUST be initialed by parent/guardian; child must initial if 18 or older)

Parent/Legal Guardian Consent & Hold Harmless (pg. 7–MUST be signed by BOTH parent/guardian & child)

EIGHT (8) photos of the child are required (see pgs 8-9 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](http://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.

Parent/Child Explanation (REQUIRED): You can include a short explanation from you and your child as to why the child wants/needs braces and what it would mean to them (make sure to include child's full name). These can be typed or handwritten on a separate piece of paper. These will be shared with the screening orthodontist and is you and 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).

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](http://www.smileschangelives.org/for-kids-and-parents/apply-for-braces/application-waiting-period). Unfortunately, we do not currently have providers available in some areas. 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.

\$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.

- o A child in state custody is NOT required to submit proof of income.

Signature of parent/guardian \_\_\_\_\_

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.