



Helpful guidelines and checklist in applying for braces through Smile for a Lifetime Foundation:

Applicant questionnaire must be answered by the applicant.

Applicant must be a resident of Manitoba.

Applicant must have a significant aesthetic or functional need for braces.

*****Applicant must demonstrate financial need, include the previous year's tax return for every adult in your home**

Applicant must be between the ages of 11 to 18 years old

Applicant must be a currently enrolled student (not applicable after 18th birthday)

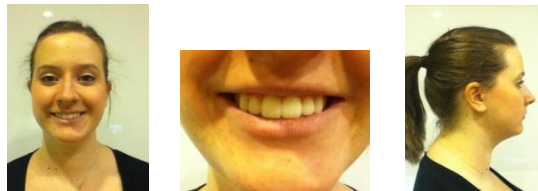
Applicant must agree to follow the treatment plan and demonstrate the ability and commitment to make all appointments on time

Two Letters of Recommendation are mandatory. Please do not submit more than two letters, and limit each reference letter to one page each. Please type or print clearly with black ink (no pencil). Letters of Recommendation may be written by anyone- family, friends, teachers/coaches, counselors, dentists, etc. **(At least one letter from a non-family member)**

A clear **4x6 head shot with full smile & teeth showing must be included** with application

A clear **4x6 photo showing only the teeth must be included** with the application

A clear **4x6 photo showing only the right side of profile**



Return the completed application, applicant questionnaire, general Dentist form, financial documents, letters of recommendation and photos together in one packet to:

**Smile for a Lifetime
Dr. Tim Dumore & Team
2541 Portage Ave
Winnipeg, MB
R3J 0P1**

The application, letters of reference and pictures will not be returned and will become property of Smile for a Lifetime Foundation. Applications will be reviewed twice a year. Each applicant will be notified of approval or denial after the end of each selection process.

This application will be shared with the Smile for a Lifetime board as well as the treating orthodontist should you be approved.

****Applicants who qualify and are accepted for treatment may be required to submit proof of income i.e. T-4(s), copy of income tax return, copy of past 3 pay stubs and/or other sources of income.*

Applications that do not meet these criteria will be considered incomplete and will not be voted on by our Board of Directors.



**Smile for a Lifetime – Manitoba Smiles
Income Eligibility*****

Persons in Family	Yearly Income
1	\$23,193
2	\$28,999
3	\$35, 651
4	\$43, 258
5	\$49,094
6	\$55,368
7	\$61,644
For more than 7 persons, for each additional person, add	\$6,268

***Please note that these are just guidelines. If you do not fall into these guidelines your application may still be considered



GENERAL DENTIST FORM

This form is to be completed by the applicant's general dentist and/or hygienist

OR

[] If you do not have a general dentist please check this box and leave form blank

Date: _____

Applicant's Name: _____

Applicant's Date of Birth: _____

General Dentist: _____

Office Phone: _____

Date of last dental cleaning & exam: _____

Please list any restorative work that needs to be completed recently:

Does patient regularly attend appointments? _____

Please Check One:

_____ Patient has received a cleaning and is cavity free.

_____ Patient has received all restorative treatment including a cleaning with exam & no additional treatments are necessary.

_____ Patient has received cleaning with exam & restorative treatment has been completed.

Describe any problems noted (deep bite, Class I, II, III, over jet, over bite, etc):

Signature of Dentist/Hygienist



Smile for a Lifetime - Manitoba Chapter Application

Please check the box indicating each additional piece of information is included:

Applicant Information

Applicant's Name: _____ Age: _____ DOB: _____ M/F

School Name: _____ Full time student: Y N

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Name of Dentist: _____ Date of Last Visit: _____

Is the applicant of special needs or require special medical care? (Circle One) [] Yes [] No

If yes, please provide additional information: _____

of times applicant applied to Smile for a Lifetime: _____

How did you hear about us? _____



Parent/Guardian Information

1. **Parent/Guardian Name:** _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Employer: _____ Work Phone: _____

Average Income: _____

Relationship to applicant: _____

2. **Parent/Guardian Name:** _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Employer: _____ Work Phone: _____

Average Income: _____

Relationship to applicant: _____

3. **Parent/Guardian Name:** _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Employer: _____ Work Phone: _____

Average Income: _____

Relationship to applicant: _____

How many family members are in the household: _____

Parents are (please circle): married divorced separated remarried widow(ed)



Insurance

Does the applicant qualify for insurance? YES NO

Is the applicant covered by dental insurance? YES NO

Orthodontic Insurance? YES NO

Do you have coverage under First Nations Inuit Health Benefits or Social Assistance? Yes No

Treaty Number: _____ Social Assistance Number: _____

References

1. Name: _____

Relationship to Patient: _____ Phone: _____

2. Name: _____

Relationship to Patient: _____ Phone: _____

Applicant Signature: _____

Date: _____



Date: _____

Name of Applicant: _____

If applicant needs assistance filling in application, please describe your relationship to applicant:

Applicant Questionnaire

*Applicant Questionnaire must be handwritten and answered by applicant.
If you need more space, please add additional sheet of paper(s). Thank you.*

1) How do you feel about your smile now? How do you think braces will improve your life now and in the future?

2) Tell us about yourself. What do you like to do? (Hobbies, interests, sports, school activities, family, friends)



3) Following the pay it forward philosophy, if you had a chance to do a favor for another person/organization, without any hope of being paid back, what would you do and why?
