

Smiles for Success

Application for Participants

216 W. Jackson Blvd., Suite 625
Chicago, IL 60606
Phone (800) 920-2293
Fax (312) 750-1203
Email: info@smilesforsuccess.org
www.smilesforsuccess.org

The Smiles for Success Foundation was established by members of the American Association of Women Dentists (AAWD) to reach out and help others. The program is designed to help women who are motivated, responsible and determined to help themselves and move forward with their lives. Smiles for Success offers cost free dental care (for up to one year) to women who actively pursue moving from welfare into the workforce and independence. Dentists are not reimbursed for their services. Only the laboratory fees incurred are repaid to dentists who are members of the AAWD.

Eligibility: Smiles for Success Applicants must be currently attending or have completed an accredited job-training program and actively pursuing a transition form welfare back into the workforce.

Application Procedure: Please complete, sign and return the enclosed application. When your application comes up for review, your counselor will be contacted to verify your status and eligibility. The central office will then attempt to find a dentist in your area who is willing to see you and provide you with the dentist's name and phone number. You will be responsible for scheduling an appointment for an examination.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Age: _____ Ethnicity: _____

Have you previously received dental care through the Smiles for Success Program? Yes _____ No _____
If yes, please let us know the name of the dentist and when you received treatment.

Job-Readiness Program Information

Name of Job Training Program: _____

Caseworker/Counselor Name: _____ Phone: _____

Caseworker/Counselor Email: _____

Program Start Date: _____ Estimated Date of Completion: _____

If Referring Agency and Job-Training Program are the same, you may leave Referring Agency blank.

Referring Agency: _____

Caseworker/Counselor Name: _____ Phone: _____

When did you last see a dentist? _____

What service did the dentist provide? _____

Describe Your Dental Needs

All potential participants are pre-screened. Only certain procedures are covered by the Smiles for Success program. Examples of some procedures NOT covered are: bleaching or whitening of the teeth, braces and removal of wisdom teeth. In addition, following procedures are not covered unless laboratory expenses have been pre-approved by Smiles for Success: Crowns and bridges, Orthodontics, Partial upper and Partial lower dentures, full upper and full lower dentures.

How will you get to dental appointments? _____

What other towns could you travel to for treatment? _____

The dentists in our program donate their time and services. They are not paid by the Smiles for Success Foundation. If you are accepted into this program, the dentist will help you restore your oral health. What plans do you have to ensure your oral health in the future?

Do you receive Medicaid or Medicare Benefits? Medicaid _____ Medicare _____

Do you have Dental Insurance?

Yes ____ No ____ If yes, please specify: _____

Return this form to:

Smiles for Success Foundation
216 W. Jackson Blvd.
Suite 625
Chicago, IL 60606

Fax (312) 750-1203