

## **Smiles for Heroes Application**

This program is intended to help people in need as a result of unintended hardships they have experienced.

### **Application Review Process:**

Please complete the application below. Make sure you explain your situation in detail so the qualification committee members can fully understand the hardships you and your family have encountered. Include your monthly income over the past 2 years and define what changed during your hardship period that place you and/or your family in this hardship position. Your information will be kept in confidence. When your application has been received, you will be sent an email or letter telling you that we have received your application. There is no guarantee that you will be accepted for treatment at any time.

Once we receive your application, it will be reviewed by our internal review committee that typically includes an office staff member, dental hygienist and dentist. All applications will be assessed for need, availability of providers to treat and the expected outcome of potential treatment.

In some cases, you may be asked to come to our office for an assessment before being accepted for treatment. Focused dentistry will be prioritized and the most urgent needs will be addressed in 1-2 visits. If you are accepted for treatment, you will receive a treatment plan with the expected number of visits needed. Comprehensive dentistry and routine maintenance will continue to be the responsibility of the patient.

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Please fill out the form below and email it to [FrontDesk@springsdentistry.com](mailto:FrontDesk@springsdentistry.com)

**Name**

**Phone Number**

**Email**

**What is your current situation? ( employment / 2 years income ) Tell us about your hardship.  
How would our services improve your life?**