



## 2018 Application Instructions

*Smiles4Canada is a program of the Canadian Foundation for the Advancement of Orthodontics (CFAO) in conjunction with the Canadian Association of Orthodontists (CAO)*

Thank you for your interest in Smiles4Canada. This program is designed to facilitate the orthodontic treatment of deserving, low-income young Canadians. Please be advised of the following:

1. Completion of this application package does not guarantee acceptance for treatment through the program. The application will be evaluated by a Regional Committee, and you will be informed whether the applicant has been accepted into the program.
2. To qualify for the program, the combined family income after tax in the two most recent taxation years must be below the Federal Low Income Cut-Offs. For more information on the Federal Low Income Cut-offs, please see the Smiles4Canada website (<http://smiles4canada.yourmileourspecialty.ca/how-to-apply/application-criteria>) or <http://www.statcan.gc.ca/pub/75f0002m/2014003/tbl/tbl01-eng.htm>.
3. Patients accepted for treatment will be required to pay a one-time \$500 + HST administration fee to Smiles4Canada before treatment is started. The orthodontist does not receive any compensation for providing the treatment. In most cases, the \$500 + HST administration fee will be the only fee to be paid for the orthodontic treatment.
4. 2018 applications are open to candidates born in the year 2004 or later (2000 or later in Manitoba only).
5. The application can be printed and legibly handwritten, or completed electronically and then printed.
6. The complete package must be received before the application will be considered.
7. The information you provide will be kept strictly confidential and used solely for the purpose of evaluating the application. If your application is successful, we will provide the information from Parts A, C, D, F and G to the orthodontist who will be supplying your child's treatment. By submitting this application, you consent to these uses of the information.

The complete application package includes the following:

- A. Patient Information Form
- B. Financial Information Form
- C. Personal Statement Form
- D. Digital Photos Guide
- E. Personal Reference Form
- F. Program Rules, Expectations and Release Form
- G. Dental Examination Form
- H. Application Checklist

The completed application should be **mailed** to:

Smiles4Canada  
c/o 2800 14<sup>th</sup> Avenue, Suite 210  
Markham, ON L3R 0E4  
Tel: 416-491-3186

## Details of Information to be Included in the 2018 Application

The application includes the following information:

- **Patient Information Form:** Please provide us with your child's name, date of birth, and contact information, along with the name, relationship to the child (parent or guardian), and contact information for each of your child's parents/guardians. Contact information consists of each person's street address (including city/town, province, and postal code), telephone number, and e-mail address. This information will be used solely to allow us to contact you, the other parent(s)/guardian(s), and your child, and will be provided to your child's treating orthodontist. In this section, we also ask for some very basic information about your child: how long s/he has lived at the current address, the total number of children in his/her family, and the number of parents/guardians. This information will be used to assist us in evaluating the application and will also be shared with the treating orthodontist.
- **Financial Information Form:** Smiles4Canada is targeted at lower-income families, specifically those whose total after-tax family income in the previous two taxation years is below the Federal Low Income Cut-Offs (LICO). To substantiate income, we require you to provide information on the income for all your child's parents/guardians by submitting a copy of the Canada Revenue Agency's Notice of Assessment for 2016 and 2015 for each parent/guardian. This information will be used solely to evaluate the application, and will not be shared with the treating orthodontist. The table on our website <http://smiles4canada.yourmileourspecialty.ca/how-to-apply/application-criteria> provides information on LICO.
- **Personal Statement Form:** We want your child's treatment to be successful, and an important part of that success is his/her motivation – the more emotional investment your child has in the treatment, the greater the likelihood s/he will work cooperatively with the orthodontist and see it through to completion. In this form, we ask your child to share with us his/her reasons for receiving treatment, his/her goals for the treatment, and the steps s/he is prepared to take to ensure the treatment is successful. This is a letter, no more than a page long, and can be pasted into the form or included as a separate page. We also accept video testimonials from your child.
- **Digital Photos:** To help us evaluate the severity of your child's dental problems, we require you to send us at least 6 specific digital pictures; you are welcome to send more, but we need these 6 in order to determine the need and the amount of work to be done. Photos taken with phone cameras are acceptable as long as they are clear (not blurry) and well-lit. Photos must be submitted electronically (emailed to [administration@smiles4canada.ca](mailto:administration@smiles4canada.ca)), or provided with the application on a CD or USB stick labelled with your child's name. This information will be used as part of the evaluation process, and will also be provided to the treating orthodontist. **\*NOTE: We will NOT accept printed or non-digital pictures.**
- **Personal Reference Form:** The personal reference helps us assess your child's motivation, general character, and willingness to persevere and cooperate with a long treatment process. The reference must be from an adult who is not related to your child, but knows him/her well. This might be a teacher, principal, coach, social worker, or religious leader. The reference must be provided to us in a separate sealed envelope, with the signature of the person giving the reference over the seal on the envelope; the reference itself must also be signed. The person giving the reference should not discuss the letter or share its content with either you or your child. This information will be used in evaluating the application, but will not be shared with the treating orthodontist.
- **Program Rules, Expectations and Release Form:** This form consists of eighteen (18) separate points to which you must agree in order for us to consider the application. You should signify your agreement by initialing each point, and signing and dating the form at the bottom. These points establish what you can expect from the

treatment, what the treating orthodontist expects of your child, and the consequences if you or your child do not comply with the expectations. There is also important information on confidentiality of information, including the disclosure of financial and health information to the Regional Committee that reviews the application, and to the CFAO. You should read and understand all these points before initialing and signing.

This form constitutes an agreement between you, CFAO/Smiles4Canada, and the treating orthodontist. In it, you agree to ensure your child keeps his/her teeth clean, maintains his/her oral health, complies with the orthodontic treatment (including keeping all appointments, wearing retainers and rubber bands (if necessary), and has any additional dental work that may be necessary. It also specifies what is included in the treatment, and what you might have to pay for separately.

- **Dental Examination Form:** To undertake your child's treatment, we need to have a good understanding of his/her current and past dental health and his/her commitment to dental care. We require the child's general dentist to complete this form and share some basic dental health information with us, as well as her/his opinion of your child's orthodontic needs (Please note: your dentist may charge for the completion of this form). It will also be shared with the treating orthodontist.
- **Application Checklist:** This checklist helps you keep track of the various forms and whether they have been submitted.

If you have any questions about the form, please contact us by e-mail at [administration@smiles4canada.ca](mailto:administration@smiles4canada.ca) or by telephone at 416-491-3186.

**Application Deadline: March 31, 2018** *\*Applications postmarked April 1, 2018 or later will not be opened or processed.*

**H. 2018 Application Checklist**

Please ensure you have completed the following before submitting the application:

- Patient Information Form
- Financial Information Form
- Attached copies of the 2016 and 2015 Notices of Assessment for each Parent/Guardian
- Applicant's Personal Statement
- Electronic copies of at least 6 digital photos (as specified in the Digital Photos Guide) included with application on CD or USB, or e-mailed to: [administration@smiles4canada.ca](mailto:administration@smiles4canada.ca)
- Personal Reference, signed and sealed in signed envelope
- Program Rules, Expectations, and Release Form with initials for each point, and signed and dated at end
- Dental Examination Form completed and signed by the applicant's general dentist