



GIVE BACK A SMILE
AACD CHARITABLE FOUNDATION INC.

RESTORE A smile. RESTORE A life.

Thank you for your interest in the Give Back a Smile program. All applications must be submitted at application.givebackasmile.com, but this sample application may be used to preview the questions.

Applications received by other methods (mail, email, fax, etc.) will not be reviewed or kept on file.

Eligibility Requirements

1. Persons age 18 and above who have received dental injuries to the smile-zone from:
 - Former intimate partner or spouse (husband, wife, domestic partner, boyfriend, or girlfriend)
 - Sexual violence (sexual assault and/or rape)
 - Human trafficking
2. The incident causing the dental injuries must have occurred at least one year ago and the applicant must be away from all abusive situations for a minimum of one year.
3. The program is not intended to help with severe dental neglect (such as cavities), gum disease, jaw injuries, or orthodontic treatment (braces, shifted teeth, and/or spaces between teeth).
4. The program does not replace or fix previous dental work done by any dentist including GBAS volunteers (such as dental work that does not fit, looks bad, no longer works, work that was started but not completed).

Before applying, please read the following:

1. An application fee of \$20 is required to apply. The \$20 fee must be paid through the online application. (More information on page 7)
2. We will only take into consideration the information entered in your application. We cannot accept or review any additional materials (i.e. police reports, medical records, etc.). Please do not mail, email, or fax any materials, including the application, which should only be completed online at application.givebackasmile.com.
3. Applicants who are in active addiction to drugs/alcohol or who are in an addiction treatment facility are welcome to apply once they are sober and in a stable living environment.
4. Once you submit the online application, the Give Back a Smile Case Manager will review your application and email you within 30-60 days with an update on your application status and an invitation to join the online Applicant Portal to keep track of your progress and next steps.
5. If your application is approved, we will also begin looking for a volunteer dentist, which can take months. If we do not have an available volunteer located within 200 miles of your location, we unfortunately cannot provide you services and we will inform you of this via email. Keep in mind that our volunteer pool is more limited if you need dental care beyond the front 8 teeth.
6. All program correspondences will be sent through email. If your email address changes, please inform the GBAS office right away. If we are unable to contact you, your case can be closed.

This is a sample application. Give Back a Smile only accepts applications submitted online at application.givebackasmile.com.

Section 1: Personal Information

You will need to answer the following questions in the online application.

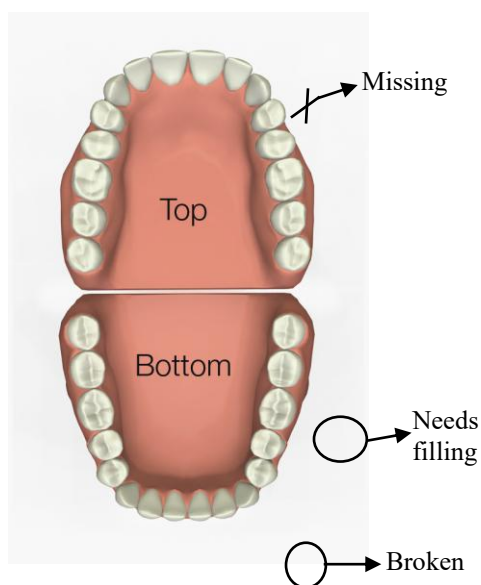
1. Full Name
2. Date of Birth
3. *(Optional)* The gender with which you identify
4. *(Optional)* What is your race/ethnicity?
5. *(Optional)* What is your approximate household income?
6. Physical Address *(This is required to connect approved application with the closest available volunteer)*
7. Phone
8. Email
9. How did you hear about the program?
10. How far are you willing and able to travel?
11. Will you be driving your own car to dental appointments?
 - a. If not, how will you get to your dental appointments?
12. Who damaged your teeth?
 - a. Former intimate partner or spouse (husband, wife, domestic partner, boyfriend, or girlfriend)
 - b. From sexual violence (sexual assault and/or rape)
 - c. Other, please describe
13. When did you leave the situation or abuser? (Month and Year required)
14. Briefly tell us about your personal story and how domestic/sexual violence has affected you.

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Section 2: Dental Information

You will need to answer the following questions in the online application.

1. Briefly describe the specific incident(s) of domestic/sexual violence and the resulting damage to your teeth.
2. Date of incident- (Month and Year required)
3. List **ALL** dental issues in your entire mouth, including any issues that were not caused by the violence:
4. Please upload a photo of your current dental situation.
5. How many teeth are missing in your entire mouth?
6. How many teeth are broken or damaged (not missing) in your entire mouth?
7. Have you had dental work done to your damaged teeth (such as bridge or denture, etc.)?
 - a. If YES, provide the month and year you received the work and describe the work you received.
8. Have you wisdom teeth been removed?
9. The application includes a tooth diagram for you to complete to show ALL your dental needs, including any needs that were not caused by the domestic and/or sexual violence. Below is a sample of how the diagram should be completed. You will not need to add descriptions to your diagram, but descriptions are included below to help show how to complete the diagram.
 - a. Clicking on a tooth **ONCE** will indicate it is **DAMAGED**
 - b. Clicking on a tooth **TWICE** will indicate it is **MISSING**



Please understand that **dental implants are not part of the Give Back a Smile program**. Most treatments include crowns, bridges, or dentures instead of implants. If you're eligible, our volunteer dentists will recommend the best way to restore your smile based on your needs and what the program can provide.

10. Are you expecting to receive dental implants as part of your treatment?
11. Would you be willing and able to pay for dental implants if they are recommended?
12. If implants are not included, are you willing to accept a different treatment plan (such as bridges, partials, or other restorations)?

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Section 3: Support System

Successful completion of Give Back a Smile treatment often depends on having stable support and the ability to consistently attend multiple dental appointments over time. Because of this, applicants are strongly encouraged to complete the application with the support of a trusted person, advocate, or professional who can help navigate the process and follow through with treatment if needed.

We ask this question to better understand our applicants. Your response will not affect your eligibility for the program.

1. Do you currently have a support system you can rely on if needed?

a. If YES, what type of support do you have?

- i. Family
- ii. Friend
- iii. Partner
- iv. Therapist/Counselor
- v. Case Manager/Advocate
- vi. Faith Leader
- vii. Other Professional

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Section 4: Share Your Story

This section is OPTIONAL and does not affect your eligibility.

We may have opportunities for you to share your story, photos and etc. for the purpose of increasing awareness of domestic violence and Give Back a Smile. If you are interested in participating, you will initial next to the items you authorize below. You can leave any item you do not wish to share blank.

If YES, please review and complete the following release form:

In consideration of the dental services provided to me under the GBAS program, I consent to the use of the below-initialed items by the American Academy of Cosmetic Dentistry, Inc. (AACD) and the AACD Charitable Foundation, for the purpose of marketing, publicity or advertising of the Give Back a Smile program. Publication may occur in, commercial publications, newspapers, exhibit booths, on internet websites, social media, television, radio and similar means.

I acknowledge that I will receive no further compensation for the use of the below-initialed items. I also agree that neither the Photographer/Owner nor AACD, its Charitable Foundation and the GBAS program can guarantee the quality of the images. I release AACD and its Charitable Foundation from all liability for the below authorized uses unless it can be shown the use or publication is malicious. I waive any right I may have to inspect and/or approve the specific use of the image and/or text that may be associated with it. I have read and had the opportunity to carefully review and ask questions about this release.

I understand that I can revoke this authorization by written notice to the GBAS program. I understand that any such revocation will not be effective for any publication that occurred, or had been scheduled, prior to my revocation being received by the GBAS program.

Please type your initials (in the online application) next to any of the following that you authorize:

I authorize the production and/or use of my:

- Full Face Photos
- Teeth Only Photos
- Written Testimonials
- Use of First Name
- Audio/Video Media
- Radio Interviews
- Print Interviews

Type Full Name as Signature:

Date:

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Section 5: Patient Agreement Form

Our goal is to support your success in the program and ensure you understand the program guidelines and expectation.

Give Back a Smile is a volunteer-based dental program that provides donated treatment to eligible applicants. Because treatment is provided by volunteer dentists and often requires multiple appointments and coordinated scheduling over time, applicants must be in a place personally where they are able to meet program requirements and attendance expectations.

All dentists volunteer their time, services, and materials. To ensure their time and efforts are respected, the program strictly follows all policies, expectations, and participation agreements.

Please type your initials next to each statement below and sign (in the online application), to confirm that you understand the application process and GBAS guidelines.

Eligibility Requirements

- I verify that my dental injuries (damaged, broken, or missing front teeth) were the direct result of intimate partner violence or sexual assault.
- I verify that I have been away from all abusive relationships and situations for at least one year and understand that if it has not been at least one year, my application will not be accepted.

Treatment Readiness

- I understand that I must be in a place in my life where I am able to prioritize and complete a series of dental appointments over time, including follow-up appointments and scheduling needs.

Treatment Provider Roles and Program Authority

- I understand and agree to the following terms regarding how treatment decisions and program participation are determined within the Give Back a Smile program.
 - I understand that the Give Back a Smile program is responsible for eligibility determination, application review, referral of approved applicants, and overall program administration.
 - I understand that referral to a volunteer dentist does not guarantee acceptance into treatment, and that volunteer dentists independently determine whether to accept a case based on clinical judgement, treatment suitability, and program guidelines.
 - I understand that a volunteer dentist may discontinue treatment or terminate the dentist-patient relationship at any time based on clinical judgement, professional standards, or other considerations within their discretion.
 - I understand that if I am not accepted by a volunteer dentist, if treatment is discontinued, or if a volunteer dentist becomes unavailable, my case will be closed and will not be reopened. I understand that the Give Back a Smile program will follow the dentist's decision and is not obligated to assign an alternative provider or continue treatment in those circumstances.

CONTINUED ON THE NEXT PAGE

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Scheduling and Participation Requirements

- I understand that if I receive notification of a referral to a volunteer dentist, I am responsible for scheduling my consultation appointment within 30 days of notification.
- I understand that failure to schedule or attend appointments may result in my case being closed and no further services being provided.
- I agree to keep my contact information current and understand that failure to do so may result in case closure.
- I understand that I am responsible for maintaining timely communication with both the volunteer dentist and the GBAS office throughout the process.
- I understand that application and status inquiries may not receive a response.
- I agree to respond to communications from the GBAS program in a timely manner to avoid delays or closure of my case.

Treatment Scope and Limitations

- I understand that the Give Back a Smile program does not provide emergency dental care.
- I understand that the program does not cover dental conditions such as severe decay/cavities, gum diseases, jaw injuries, or orthodontic treatment, including braces, tooth movement, or spacing concerns.
- I understand that treatment options are determined by volunteer dentists based on clinical judgement and program guidelines, and that specific treatments such as implants are not guaranteed.

Completion of Treatment and Future Care

- I understand that once my GBAS case is completed, closed, discontinued, or otherwise terminated, my volunteer dentist is not obligated to provide any additional dental treatment or continue an ongoing dentist-patient relationship with me.
- I understand that I am responsible for my own future dental care, maintenance, repairs, and long-term oral health needs after my GBAS case ends.
- I understand that once my GBAS case is closed, it will not be open for additional treatment, repairs, maintenance, or future dental needs.

Financial Terms

- I understand that all dental treatment provided through the Give Back a Smile program is donated and that volunteer dentists are not paid for their services.
- I understand that my \$20.00 application fee is non-refundable, even if my application is not accepted.
- I understand that submitting an application does not guarantee acceptance into the program or referral to a volunteer dentist.

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Disqualification and Program Compliance

- I understand that my case may be closed if I fail to comply with program requirements, including but not limited to:
 - Failure to schedule my consultation appointment within 30 days
 - Missed or canceled appointments
 - Failure to communicate with the dentist or GBAS office
 - Refusal of treatment plan
 - Inappropriate, disruptive, or disrespectful behavior
 - Discharge or termination by volunteer dentist
 - Providing false or misleading information
 - Failure to follow program instructions

Authorization and Information Accuracy

- I verify that all information provided in my application is true and accurate.
- I authorize verification and release of information to the American Academy of Cosmetic Dentistry, Inc. (AACD), the AACD Charitable Foundation, and the Give Back a Smile program.
- I authorize the Give Back a Smile program to share relevant application, eligibility, referral, and case information with volunteer dentists participating in the program.

Legal Release and Acknowledgement

- I understand that dental treatment is not guaranteed, including acceptance into the program, continuation of treatment, or specific treatment outcomes
- I hereby release and waive any and all claims that I may have against the American Academy of Cosmetic Dentistry, Inc. (AACD), the AACD Charitable Foundation, the Give Back a Smile program, and any GBAS volunteer dentist arising from or related to my participation in the program or dentist-patient relationship.
- I understand that participation in the program does not guarantee treatment or assignment to another provider if a volunteer dentist does not accept or discontinues treatment.
- I have read and understand the entire agreement. I understand my obligations and the limitations of services provided under the program.

Type Full Name as Signature:

Date:

Use this space if you have any questions or concerns about the patient agreement (optional).

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Section 6: Application Requirement

To apply for the GBAS program, you must pay the \$20.00 application fee. This is nonrefundable. If you decide to pay the application fee (even if you don't fully submit your application), this \$20 will NOT be returned to you for any reason. The fee will automatically be paid when your billing details are filled out.

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