



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. All applicants need to meet with a domestic violence/sexual assault advocate, case manager, counselor, therapist, or doctor with experience in counseling survivors of domestic violence/sexual assault, at least once. For more information, see page 3.
4. The program is not intended to help with dental neglect (such as cavities), gum disease, jaw injuries, or orthodontic treatment (braces, shifted teeth, and/or spaces between teeth).
5. 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. 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.
4. 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.
5. 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.

608.222.8583 | 800.543.9220 | givebackasmile@aacd.com | 200 River Place Ste 150, Monona, WI 53716 | givebackasmile.com

Section 1: Personal Information

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

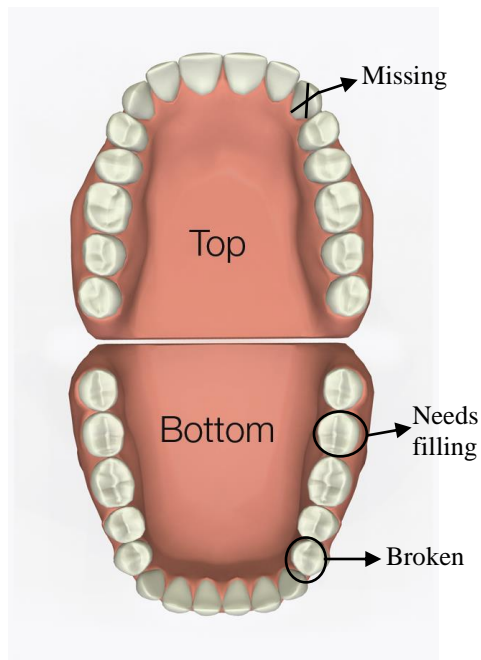
1. Full Name
2. Date of Birth
3. *(Optional)* The gender with which you identify
4. *(Optional)* What is your race/ethnicity?
5. Physical Address *(This is required to connect approved application with the closest available volunteer)*
6. Phone
7. Email
8. How did you hear about the program?
9. Are you able to travel up to 200 miles? If traveling is necessary, we can help with gas expenses but it's your responsibility to coordinate your transportation.
 - a. If not, how far can you travel (in miles)?
 - b. How will you get to your dental appointments?
10. 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
11. When did you leave the situation or abuser? (Month and Year required)
12. *(Optional)* If you're comfortable, 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 in the application if possible. Your application will still be considered if you cannot send a photo.
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. 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**



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Section 3: Support Verification

All applicants need to meet with a qualified domestic violence or sexual assault advocate at least once before applying for Give Back a Smile. A qualified advocate must meet all the criteria below:

- An advocate, case manager, counselor, therapist, or medical professional who is trained in and provides domestic or sexual abuse related services
- They are aware that you have experienced domestic or sexual violence
- They are mainly seeing you to provide you with services related to the abuse you experienced
- You plan to continue working on your healing journey with them
- They are not a friend, family member, or faith leader

If you do not know any of the information, please reach out to your advocate to request the information. Applications with incomplete or incorrect advocate information will not be considered.

If you are not sure if your advocate would qualify please email us at givebackasmile@aacd.com. If you do not have a qualified advocate you can view a database of local advocacy agencies at www.domesticshelters.org.

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

1. What type of qualified advocate did you meet with?
2. Advocate's First and Last Name
3. Advocate's Title or Credentials
4. Advocate's Agency
5. Advocate's Agency's Phone Number
6. Please provide a link to the advocate's agency's website
7. When did you discuss applying for Give Back a Smile with the advocate?
8. Describe the services you have received from the advocate (therapy, housing services, support groups, etc.)
9. Describe the impact these services have had on your healing journey.

You will sign to confirm each point and accept the agreement below in the online application.

- I have formally met with the advocate listed above at least once
- I discussed my living situation, past abuse, and dental injuries with the advocate listed above
- I discussed the Give Back a Smile program with the advocate listed above and have full understanding of the eligibility criteria and program guidelines
- After meeting with the advocate, I believe I am a good fit for the program based on the eligibility criteria and I believe I am fully capable of adhering to program guidelines
- I plan on continuing to work with the advocate listed above throughout my treatment to receive support as needed

I confirm that I have reviewed and verified the information provided above. I give permission for information pertaining to my application and any treatment I may receive to be shared between GBAS and the advocate listed above. My advocate is aware I entered their information on this application and is prepared to be contacted to verify any information. I understand that I can be disqualified at any time if the information I provided is false or does not meet the GBAS guidelines.

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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 to be shared in accordance with the above agreement.

I may be contacted to participate in:

- Television Interviews
- Radio Interviews
- Print Interviews

I authorize the use of my:

- Full Face Photos
- Teeth Only Photos
- Written Story/Statements
- First Name

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Section 5: Patient Agreement Form

Our goal is for you to be successful in the program. It's important for all approved applicants to be in a place in their lives where they can successfully make it to all scheduled dental appointments. All the dentists volunteer their time, services, and materials. To ensure their time and efforts are given proper respect we do strictly adhere to all program policies and expectations. You will need to agree to the items below when applying online.

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.

- Based on my situation, I verify that I have been away from all abusive situations for at least one year.
- Any dental work I may receive is donated and the dentist does not receive payment.
- My \$20.00 application fee is **non-refundable**.
- Sending in an application to the GBAS program does **not** guarantee I will be sent to a dentist or that I will be accepted as a patient.
- If there is not an available volunteer dentist located within 200 miles of your location, we unfortunately cannot provide you services. Please be aware that our volunteer pool is more limited if you need dental care beyond the front 8 teeth.
- When I receive a letter from the GBAS program informing me of a volunteer dentist who may provide my dental work under the GBAS program, I understand that it is my obligation to schedule the first appointment within 30 days.
- The GBAS volunteer dentist makes the final decision of eligibility and disqualification (as described below) per the program guidelines and decides what dental work fits within the program. Dental work is **not guaranteed** and I hereby release and waive any and all claims that I may have against the American Academy of Cosmetic Dentistry, Inc., and/or the American Academy of Cosmetic Dentistry Charitable Foundation that may arise with respect to my participation in the program and/or my dentist-patient relationship with the GBAS volunteer dentist.
- The program **does not** help with dental neglect (such as cavities), gum disease, jaw injuries, or orthodontic treatment (braces, shifted teeth, and/or spaces between teeth).
- The program does not replace or fix previous dental work (such as dental work that does not fit, looks bad, no longer works, an implant that was started but not completed by any dentist in the past including GBAS volunteers).
- The program **does not guarantee specific dental work that I request or want** (such as implants or teeth whitening).

CONTINUED ON THE NEXT PAGE

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- Among other reasons, I can be **disqualified** from the GBAS program at any time if I:
 - Don't call to schedule my first appointment within 30 days
 - Reject the volunteer dentist's proposed treatment plan
 - Don't show up to appointment(s)
 - Cancel appointment(s)
 - Cancel appointment(s) without a 48-hour notice
 - Don't stay in contact with the volunteer dentist or the GBAS office
 - Disrespect the dental office or GBAS staff
 - If the volunteer dentist terminates you as a patient for any reason
 - If you provide false information in your application or otherwise fail to comply with the GBAS program
- If I am disqualified, my GBAS case will be closed and I will not receive any further dental services under the GBAS program.
- I will update the GBAS office of any changes to my email address, phone number, or mailing address. If the GBAS office can't find me, my case may be closed, with no further dental services being provided. All changes must be sent directly to the GBAS office. No returned or undeliverable correspondence will be forwarded or resent.
- If I'm eligible for the program, once my GBAS case is done within program guidelines, the dentist will not provide any further dental work to me or keep me as patient. **My GBAS case will not be reopened for any reason.**
- Your application will be reviewed as quickly as possible. In order to keep the process moving, we ask that you **please don't call** to check the status of your application. These types of calls will not be returned to you.

I verify that the information I provided on this application is true. I authorize the release of this information to the American Academy of Cosmetic Dentistry, Inc. (AACD), the AACD Charitable Foundation and the GBAS program. I give permission for the GBAS program to verify the information in this application, including to contact the person completing the Support Verification Form and, if I have provided community service as part of my application, the charitable organization(s) identified in the Community Service Verification Form. I also authorize the GBAS program to share information, in my application and about my eligibility, with one or more volunteer dentists in the GBAS program.

I have read the entire Give Back a Smile application, including this Patient Agreement Form, and understand my obligations and the dental services that I may be eligible to receive under the GBAS program.

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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.