

CONFIDENTIAL APPLICATION

“Hope With Every Smile” Smile Makeover Program



Creating Smiles & Sharing Hope with Survivors of Human Trafficking, Domestic Violence & Addiction

(PLEASE PRINT)

Date _____

First Name _____ Last Name _____

Phone _____ Email _____

Address _____

Do you have a sponsor (organization, agency, etc.)? _____ Agency Name _____

Case Manager Name _____ Case Manager Phone _____

PROGRAM QUALIFICATIONS:

- I am a Human Trafficking, domestic violence and/or addictions survivor
- I will provide proof of Human Trafficking, domestic violence and/or addictions (police report, hospital report or statement from an agency, pastor, counselor or community support organization)
- My income last year was not over 200% Federal Poverty Level (see 2022 chart)
- I will provide proof of my income last year (copy of tax return, copy non-filing form, current Medicaid card)
- I have been clean/sober at least 6 months (mark “N/A” if does not apply)
- I have completed all court ordered programs (mark “N/A” if does not apply)
- I am willing to help obtain a sponsoring organization/agency, if I don’t already have one
- I understand this is not an “urgent” dental care program
- I have attached a confidential “history, statement of need, and how this program could improve my life”

*I understand that my participation in the “Hope With Every Smile” Smile Makeover Program is not guaranteed, and that I may be required to meet certain financial, dental, medical and other program qualifications. I understand that missing an appointment or lack of response may result in my release from the program. I understand this information is **CONFIDENTIAL**.*

Signature _____ Date _____



Send applications to: chrystal@smilefaithappalachia.org
or mail to: SmileFaith (Confidential)
9775 Hwy 805
Jenkins, KY 41537

Call (606) 212-1116 with any questions