



Smile
It
Forward



- You must submit a 5 X 7 head-shot photo of applicant with full smile and teeth showing.
- You must have a letter of reference. Please use space below. (Printed please)

The applicant is an excellent candidate for Smile it Forward because (please limit answer to space provided.)

Household income: _____

Parent/guardian place of employment: _____

Contact information:

Applicant Name: _____

Parents' Name _____

Address: _____

Responsible party phone numbers: Home: _____ Cell: _____

Submitted by (circle one): Self Parent School Counselor Dentist Other _____

Please mail completed form with picture and reference letter to:

SMILE IT FORWARD
24 N. Loxahatchee Dr. Ste #4
Jupiter, FL 33458

For questions: 561-747-5766
drking@Jupiter-Orthodontics.com

CANDIDATES CHOSEN FOR SCREENING WILL BE ASKED TO PROVIDE VERIFICATION OF FAMILY INCOME WHICH MAY INCLUDE A COPY OF LAST YEAR'S TAX RETURN, W-2 OR A COPY OF THE MOST RECENT PAY STUBS ENSURING SMILE IT FORWARD THAT FINANCIAL REQUIREMENTS ARE MET. ALL APPLICATIONS, PICTURES AND SUPPORTING DOCUMENTS WILL NOT BE RETURNED AND BECOME PROPERTY OF SMILE IT FORWARD.

INCOME ELIGIBILITY GUIDELINES

185% Above Federal Poverty Level

Household Size	Annual	Monthly	Every 2 weeks	Weekly
1	\$19,240	\$1,604	\$740	\$370
2	\$25,900	\$2,159	\$997	\$499
3	\$32,560	\$2,714	\$1,253	\$627
4	\$39,220	\$3,269	\$1,509	\$755
5	\$45,880	\$3,824	\$1,765	\$883
6	\$52,540	\$4,379	\$2,021	\$1,011
7	\$59,200	\$4,934	\$2,277	\$1,139
8	\$65,860	\$5,489	\$2,745	\$1,267
Each add'l member	\$6,600	\$555	\$257	\$129