

Required Documents Checklist

- Proof of Single Parent Status for Separated Applicants (see policy on page 2)
- Proof of Income (see policy on page 3)
- Orthodontic Consultation Documentation (if applicable): If the child has seen an orthodontist but is not currently wearing braces
- Child Essay: HANDWRITTEN essay stating their goals, how braces would dramatically change their life, and how they would pay the blessing of braces forward in the future
- Letter of Recommendation: A letter from a trusted adult who is not a family member, including their name, contact info, duration of knowing the child, reasons for consideration, impact of braces, and how the child will pay it forward.
- Photos (guidelines on page 4): These are necessary for evaluation by our orthodontic and dental advisors during the selection process
- Dental Clearance (form on page 5): Must be completed by a licensed dentist confirming that the child's oral health is healthy and stable enough to begin orthodontic treatment.

Required Documents Checklist

Proof of Single Parent Status



Policy: Proof of Single Parent Status for Separated Applicants

To qualify as a *single parent* under the Eternal Smiles Foundation grant program, an applicant who is separated (but not yet legally divorced) must demonstrate that they are the sole or primary caregiver and are financially responsible for the child.

We require one of the following:

1. **Legal or Court Documentation**
 - Separation agreement showing custody or parenting time
 - Temporary or permanent custody order
 - Child support order naming the applicant as the recipient
2. **School or Medical Records**
 - Current school or daycare enrollment listing only the applicant as parent/guardian
 - Medical or insurance records naming the applicant as the sole primary contact
3. **Government or Benefit Records**
 - Most recent tax return filed as **Head of Household**
 - SNAP, Medicaid, or other benefits listing only the applicant for the child

OR

If the above documents are not available:

4. **Affidavit:** A notarized affidavit declaring that the applicant is separated, resides apart from the other parent, and is the child's primary caregiver (page 2 of this document)

Note: Applicants who share equal custody and financial responsibility do NOT meet the definition of *single parent* for grant purposes. Eternal Smiles Foundation reserves the right to request additional documentation if needed.

Required Documents Checklist

Proof of Income



Policy: Proof of Income

To qualify for an Eternal Smiles Foundation (ESF) orthodontic grant, applicants must demonstrate financial need. When a federal tax return or W-2 is not available, ESF requires alternate documentation verifying income or assistance sources and proof of guardianship of the child.

Applicants must provide:

1. **ONE** primary proof of income (choose ANY):
 - PREFERRED: Federal tax return for the prior calendar year: full return, not the transcript, showing the child listed as a dependent, including their full legal name
 - W-2 for prior calendar year
 - Two recent pay stubs
 - Employer letter
 - 1099 or simple income summary
 - Unemployment statement

OR (if none of the above)

2. **TWO** supporting proofs of income or financial need, showing the child as a dependent (choose ANY 2):
 - SSI/SSDI award letter
 - SNAP award letter
 - Housing voucher award/tenant responsibility letter
 - Bank statements (1–3 months)
 - Utility assistance letter
 - Medicaid approval (shows low income)
 - Child support/alimony proof (court order or deposits)
 - Church/community assistance letter
 - Caseworker letter
 - Any benefit approval document

OR

If the above documents are not available:

3. **Affidavit:** If the above documents are unavailable, the applicant may complete a notarized affidavit of income stating all current sources of financial support, including cash, informal work, or assistance received from family or community programs. (page 2 of this document)

Note:

- Applicants must ensure all uploaded documents clearly show their name, date, and payment amount.
- Account numbers may be redacted except for the last four digits.
- All documents must be submitted through the online applicant portal before the review deadline.
- Eternal Smiles Foundation reserves the right to request additional documentation if income verification is unclear or incomplete.

Note: Income verification determines eligibility for financial need; it does not affect clinical consideration. Failure to provide adequate proof may result in delayed or denied application processing.

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Photo Guidelines

Required Photo Guidelines for Grant Review

To ensure we can properly assess your application, please submit the following 6 clear well-lit photos (no flash preferred, use natural light):

1. Front View (smiling): A natural smile looking directly at the camera
2. Front View (biting): Bite down on your back teeth and pull your lips back (use two spoons to help hold lips away) to show how front teeth align
3. Right Side View: Bite down and pull the right cheek back with a spoon. Turn your head slightly to the left.
4. Left Side View: Bite down and pull the left cheek back with a spoon. Turn your head slightly to the right.
5. Upper Arch (Top Teeth): Open wide and tilt your head back to take a photo of the roof of your mouth/top teeth.
6. Lower Arch (Bottom Teeth): Open wide and look down to take a photo of the bottom teeth.

Tips for Best Results:

- Use Spoons: Rounded spoons are excellent for gently pulling back cheeks to get a clear view of side teeth.
- Clear Images: Ensure the photos are not blurry.
- Lighting: Take photos near a window or in a bright, well-lit room.
- Stability: Have someone else take the picture if possible or use a mirror to ensure alignment.



Photo guidance reference: Harwell & Cook Orthodontics
<https://harwellandcookortho.com/how-to-take-your-photos-for-your-virtual-consult/>

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Dental Clearance



DENTAL CARE CLEARANCE FOR ORTHODONTIC TREATMENT

Date: _____

Patient Name: _____ DOB: _____

Dental Care Provider: _____

Phone Number: _____ E-mail Address: _____

This patient has informed us that you are their dental care provider, and they have had a preliminary evaluation to move forward with orthodontic care.

We require that all our applicants are up to date with their general dental care before we can initiate review of their grant application for orthodontic treatment.

Please provide us with the information below so that we can begin their application review. If you have any questions, please let us know!

Date of Last Cleaning: _____

Date of Last Dental Exam: _____

Any decay? Yes ___ No ___

If yes, has all decay been restored? Yes ___ No___

If not restored, when do you expect treatment to be completed?

Date: _____

Are perio findings consistent with good oral health? Yes ___ No___

Is this patient cleared to begin orthodontic treatment? Yes ___ No___

Dentist Name (Please Print): _____

Phone Number: _____

E-mail: _____

Dentist Signature: _____ Date: _____

Applicant should upload the completed form online to their account portal.

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