

Is the applicant covered by dental insurance?

Application - Smile 4 a Lifetime - South Jersey Applicant Information

Please check the box indicating each additional piece of information is included:

[] General Dentist Form	[] .	[] Two Letters of Reference		[] Most recent Report Card or Transcript			
[] Headshot	[]	Applicant Questionnair					
		Applicant Inform	ation				
Applicant's Name:		Age:		DOB:		M/F	
School Name:		Current GPA:		Last year's GPA:			
Address:							
City:		State:	-	Zip Code:			
Email:			Phone:				
Name of Dentist:							
Is the applicant of special no	eeds or require special medica	al care? (Circle One)			[] Yes	[] No	
If yes, please provide additi	onal information:						
Has the applicant received J	prior orthodontic serves? (Cir	cle One)			[] Yes	[] No	
If yes, please name the Dr w	vho gave care and what servic	es:					
# of times applicant applied	l to Smile for a Lifetime:						
Parent/Guardian Informa	ition						
1. Parent/Guardian Name:							
Address:							
City:		State:		Zip Code:			
Email:			Phone:				
Employer:			Work Phone:				
Average Income:		#	of Family Members:				
2. Parent/Guardian Name:							
Address:							
City:		State:		Zip Code:			
Email:			Phone:				
Employer:			Work Phone:				
Average Income:		#	of Family Members:				
Insurance:							
Does the applicant qualify f	or <mark>Medicaid?</mark>				Yes	No	

Yes

No

Insurance:			Policy	#:				
References: 1. Name						Phone:		
1. Name						Phone:		
How did you hear abou	ut Smile for a Lifet	ime (please circ	cle or write	in your ar	nswer)?			
Internet Search	Family	Friend	Dentist/Orthodontist		Boys & Girls Club	State Office	Other: (Please Specify)	
Television	Magazine	Radio	Newspaper		CASA	Internet Ad		
Are you a member of	the Boys & Girls Club of	& Girls Club of America? YES NO Do you have a CASA representative?			YES	NO		
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		Add	iitionai	Questi	Olis			
	our answer to each quo If. What do you like to oals and aspirations?	estion. Typical ansv o do? What extracu Take your time to a	vers are 5 - 7 rricular activ answer these	sentences in		an additional sheet o	of paper if r ervice or vo	needed. Olunteer

2) Tell us about your family. How many people live with you, and who are they?
3) Why do you want braces? What prevents you from getting braces now? How do you feel about your smile now? How do you think orthodontic treatment will affect your life now and in the future?

4) If you had a chance to do a good deed for any person or organization, what would you do? Who would you do it for, and why?
Please submit your completed application to:
Smile 4 A Lifetime – South Jersey c/o Segal and Iyer Orthodontics 501 Rt. 73 S. #202 Marlton, NJ 08053
If you have questions about the program or the application process, please write to the address above or contact us via email: S4L@segalandiyer.com