



Safe & Sound Child Advocacy Center
 2716 Jefferson Avenue
 Midland, Michigan 48640-4504
 (989) 835.9922/Fax (989) 835-8446
www.safeandsoundcac.org



**Adopt a Child's Smile Program
 Application Form**

To be completed by parent, guardian or foster parent & mail completed form to address above.

Please print:

1. Child's Name: _____ Sex _____ Age _____ Birth date _____
 Address _____ Zip code _____
 Telephone: _____ School _____ Grade _____
2. How long has the child lived in Midland County? _____
3. Does the child have medical insurance? _____ Dental insurance? _____
4. Does this child receive money or services from: _____ ADC _____ WIC _____ SSD
 _____ Medicaid _____ Food Stamps _____ foster care _____ school lunches
 _____ Other? (please explain) _____
5. Who is the head of household in the child's home? _____
6. Child's father: _____
 The child's father is: _____ married _____ single _____ divorced _____ widowed
 _____ separated _____ deceased-date: _____
 Address (if different then child's) _____
7. Child's mother: _____
 The child's mother is: _____ married _____ single _____ divorced _____ widowed
 _____ separated _____ deceased-date: _____
 Address (if different then child's) _____
8. Step Parent (if applicable): _____
 Address (if different then child's) _____
9. Are you willing to make a commitment to assist the child with good oral hygiene habits? _____
10. Name of dentist child has seen or is seeing now: _____
 Regular Dental: _____ Orthodontics: _____
11. Is the child currently experiencing hardships, handicaps or difficult circumstances?
 Explain: _____
12. Will extra care be needed to provide dental services because of any of the following: _____ hyperactivity _____
 aggression _____ fears _____ health problems
 Other (please explain): _____
13. Will transportation be a problem? _____

14. Will you see to it that the child keeps all dental appointments? _____
15. How many people live in the child's household? _____
16. How did you hear of our program? _____
17. Please list source(s) of household income and after taxes amount(s)
- | Source (i.e.: unemployment, employer, child support, etc.) | Amount |
|--|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
18. Your name: _____
- Relationship to child: _____
- Address (if different from child): _____
- Telephone: work _____ home _____

The ACSP brochure and this application contain the entire understanding between the parties and there are no representations, understanding or agreements, oral or written, which are not included herein. The Safe & Sound Child Advocacy Center ("Safe and Sound") gives no warranty, express or implied, as to the services provided and shall be in no way responsible for acts of negligence, ordinary, incidental, or gross, on the part of the health care provider.

The undersigned Applicant agrees to indemnify, defend (with counsel acceptable to Safe and Sound) and hold Safe and Sound and its directors, officers, employees, representatives, and agents harmless from and against all claims, damages, causes of action, judgments, liabilities, costs and expenses (including reasonable attorneys' fees), arising from, related to, or as a result of the child's participation in the Adopt A Child's Smile Program and the receipt of dental services thereunder, including any accident, injury, loss, or damage whatsoever to any person or to the property of any person, including the person and property of the undersigned and the child who is the subject of this Application. The undersigned hereby warrants to Safe and Sound that the undersigned is authorized to make this application on behalf of the child.

Signature of applicant: _____ Date: _____