

CONTRACT

If selected from the pool of applicants by the board members of Smile for a Lifetime Foundation and by Harrington Orthodontics to receive orthodontic treatment there are a few guidelines required for treatment. Throughout the selection process there is some professional guidance, if requested, but the decision is largely subjective and based on the completeness of the application, commentary, personal essay, character and the accompanying letters of recommendation submitted with your packet. Orthodontic treatment for the St. Joseph & Berrien County Chapter of Smile for a Lifetime Foundation will be provided by certified orthodontist Dr. Chad Harrington of Harrington Orthodontics

By submitting and signing this application you understand and agree to the following:

- 1) I agree that appointments will be at the discretion of Harrington Orthodontics.
- 2) I understand that this can mean scheduling appointments during non-peak hours i.e. midafternoon Monday through Thursday.
- 3) I acknowledge that appointments must be kept in order to achieve an expeditious and desirable result.
- 4) I also understand that keeping appointments is essential to treatment success and is a requirement of accepting care from Dr. Harrington.
- 5) If you must reschedule appointments, give Dr. Harrington at least 24 hours' notice. If more than two appointments are missed or appointments are constantly rescheduled it will be considered out of compliance which is grounds for removal of braces and revocation of scholarship.
- 6) If you must relocate prior to the conclusion of treatment, Smile for a Lifetime will do its best to find another service provider. However, it is not guaranteed that Smile for a Lifetime will have another provider available in the area and/or can continue to provide treatment as a result.
- 7) One retainer will be provided as a part of the scholarship award, any replacements will not be covered by Harrington Orthodontics or Smile for a Lifetime.
- 8) **Direct responsibilities of the patient:**
 - a) Maintain excellent oral hygiene (tooth brushing, Flossing). If unwilling to meet expectations, due to medical and dental health risks treatment will be discontinued.
 - b) Follow the rules for eating habits. This will greatly reduce breakage of appliances (i.e. braces) and it is necessary for satisfactory completion of treatment.
 - c) Cooperate. More than two (2) loose brackets may be deemed sufficient evidence that cooperation is not sufficient to meet minimal requirements for treatment.
 - d) Other cooperation issues are with failure to cooperate with maintenance of auxiliaries including elastics, wearing head gear, and springs.
 - e) Attitude. You will be expected to maintain an exceptionally appreciative and respectful attitude once accepted into orthodontic treatment or any other aspect of treatment supported by Dr. Harrington or Smile for a Lifetime. Rude behavior or an inappreciative attitude is unacceptable.
- 9) **ATTENTION:** Failure to comply to your responsibilities may result in removal of orthodontic equipment and discontinuation of treatment **Applicant Initials:** _____
- 10) **ATTENTION:** Honesty is expected. Any misrepresentation, falsification or exclusion of income will be grounds for dismissal from the program. Future applications will not be considered. There are many deserving children who are in need of orthodontics we are here to serve those in greatest need. **Guardian's Initials:** _____
- 10) **Media Disclaimer:** If your child is the chosen applicant, you consent to Smile for a Lifetime's (S4L) use, without charge, of all photos, video and audio recordings of your child. In addition, S4L may;
 - a) Copyright, broadcast, display, publish, re-publish and reproduce your child's image, voice and any statements made by him/her, in whole or in part, in any forms; and all media and
 - b) Assign your child a fictitious name or use his/her first name, likeness, video, photograph, voice, statements and biographic or other information concerning his/her participation with S4L for fundraising or other promotional and advertising purposes. You and your child also agree to participate in surveys and case management during and after receiving treatment.
- 11) **Legal Guardian Consent:** I certify that I am the legal guardian of the child listed on this application. I have all rights and authority to make medical decisions for the child, that all information in this application is true and correct.

This scholarship is intended specifically for underserved and deserving children in the community. There are many children who need and deserve an award winning smile and while we do our best to serve those greatest in need, it is a competitive process and not everyone will receive a scholarship.

Please take your time on your application, your time and effort will be taken into consideration when selecting applicants for scholarships.

Applicant's Name (Printed First, MI, Last)	Applicant's Signature	Date
Guardian's Name (Printed First, MI, Last)	Guardian's Signature	Date

Guardian's Name (Printed First, MI, Last)

Guardian's Signature

Date