



**Safe & Sound Child Advocacy Center**  
2716 Jefferson Avenue, Building # 2  
Midland, Michigan 48640-4504  
(989) 835.9922/Fax (989) 835-8446  
<http://www.safeandsoundcac.net>

### 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 (ie: 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: \_\_\_\_\_