2018 Celebrating Solutions and Roth Awards Nomination Form

Legal name of organization: American Academy of Cosmetic Dentistry Charitable Foundation

Year established: 1994

Name of program being nominated (if different): Give Back a Smile

Year established: 1999

Address: 402 West Wilson St

City/State/ZIP code: Madison, WI 53703

Agency phone number: 800.543.9220

Name and title of contact person: Lisa Fitch, CAE, Director, Charitable Foundation

Phone number for contact person: 608.237.8812

E-mail address for contact person: lisaf@aacd.com

Website address: www.givebackasmile.com

How did you learn about the Celebrating Solutions Awards? Online and we are a previous applicant

Brief description of organization: The American Academy of Cosmetic Dentistry Charitable Foundation assists in rebuilding the smiles and lives of adults who've suffered dental injuries from domestic and sexual violence, through compassionate cosmetic dental services and support programs.

Geographical area served: Nationwide

Is the organization tax-exempt under IRS 501 (c) (3) guidelines or a public agency/unit of government? Yes, 501c3, ID 39-1800450

Please check up to five descriptors that best apply to the program you are nominating:

- Batterer Intervention
- Coalition/collaboration
- Communication
- Counseling
- Dating violence
- Elder abuse
- Employment/training program
- Faith-based
- Heath care setting
- Hotline service
- Legal aid/assistance
- Prevention
- Prison based
- Public awareness/education
- School/youth violence
- Shelter-based
- Stalking
- Technology/Internet service
- Transitional housing
- Underserved population
- University setting
- Victim relocation
- Workplace Intervention
- Other ___________________________
Release of Information

As one of the goals of the Mary Byron Project is to disseminate information about cutting edge programs and best practices, we wish to post exemplary Celebrating Solutions Award nominations on our website (www.marybyronproject.org).

Those posted will include the organization’s website address, telephone number, and email address. If you have concerns about this request, please address them to kathypaulin@marybyronproject.org, prior to submitting a nomination.

By my signature on this letter, I grant the Mary Byron Project permission to use the contents of my nomination for the Celebrating Solutions Award in the manner and for the purposes set above. I further affirm that I am fully authorized to grant such permission to the Mary Byron Project.

Signature

Date 1/29/2018
2018 Celebrating Solutions and Roth Award
Program Outline

1. Describe the work of the nominated program and explain how the mission of the program is accomplished. (We want to know the specifics of how your program works.)

The American Academy of Cosmetic Dentistry Charitable Foundation's (AACDCF) Give Back a Smile (GBAS) program helps heal some of the most devastating effects of domestic violence, by restoring damaged teeth for adults who have received traumatic dental injuries like missing and/or broken teeth, because of the abuse (sexual assault is also considered). Since the program's 1999 inception, more than 1,700 survivors of domestic violence have received life-changing smile restorations worth more than $17 million in donated dental services.

The AACDCF staff of two, administers the nationwide GBAS program out of the American Academy of Cosmetic Dentistry's Executive office, based in Madison, Wisconsin. Specifically, we determine initial eligibility and connect eligible GBAS program applicants with volunteer cosmetic dentists who donate their time and services to restore damaged smiles. Survivors of domestic violence who have experienced dental injuries, often have no other option to restore their damaged smiles. In many cases, they have not had access to any type of dental care for many years. The GBAS program provides restorative dental care (i.e. bridges, crowns, dentures and veneers) at no cost for eligible program applicants.

Our eligibility requirements are based on the notion that GBAS is not intended to provide emergency dental services but restorative dental care once the applicants have had an opportunity to ensure they are safe from the abuser, have had some time to heal, and have sought resources like counseling and/or housing support. Dental treatment can be a long process with many visits back and forth to the dental office. This can be a significant time investment for both the dental patient and volunteer for which we want both parties to feel successful participating in the GBAS program.

Anyone seeking services through GBAS must complete the program application and meet the following eligibility requirements:

- Adult women and men who have received dental injuries from a former intimate partner or spouse (family violence, sexual assault, and human trafficking are also considered).
- The incident causing the dental injuries generally must have occurred at least one year ago. Additionally, applicants need to be out of all abusive relationships for a minimum of one year. GBAS may make exceptions to the one-year requirement if the abuser is deceased or in jail/prison.
- All applicants need to meet with a domestic violence advocate, case manager, faith leader, counselor, therapist or doctor with experience in counseling survivors of domestic violence at least once. There are two reasons for this requirement:
  - To connect the applicant with support systems within their community
To have an independent source confirm after having heard the applicant’s story, they affirm the applicant received their dental injuries from domestic violence is now away from all abusive situations for a minimum of one year.

- The program does not help with severe dental neglect (such as cavities), gum disease, jaw injuries, or orthodontic treatment (braces, shifted teeth, and/or spaces between teeth).
- The program does not replace or fix previous dental work done by any dentist including GBAS volunteers.
- All applicants must either pay a $20 application fee or have completed 10 hours of community service before applying for dental services. This requirement was modeled from Habitat for Humanity’s requirement for home recipients to invest in the gift they may receive.

Once it’s determined that an applicant qualifies, they are connected with a volunteer cosmetic dentist within 200 miles of the applicant’s location. Our volunteer pool primarily consists of members of the American Academy of Cosmetic Dentistry. It is the applicant’s responsibility to contact the dental office to schedule their consultation appointment. The volunteer dentist makes the final determination of eligibility based on his/her clinical evaluation and decides what they are or are not able to donate in terms of dental treatment.

In addition to determining initial eligibility and locating available volunteer dentists, AACDCF staff provides GBAS case management support while applicants are undergoing dental treatment. They conduct all communication with both the volunteers and patients and provide supportive information as needed. For example, the Case Manager identifies the patient’s travel capabilities, informs them of the steps to contact their volunteer dentist and coordinates assisting patients with the travel expenses to and from dental appointments.

Once GBAS dental treatment is complete, the volunteers report the type of dental work they donated and the estimated value of donated services. The average value of a GBAS case is $9,000.

2. Describe the most innovative aspects of the program you are nominating for consideration.

According to the Family Violence Prevention Fund, 75% of battering occurs to the head, neck and face. Bruises and scars fade, but broken and missing teeth cannot repair themselves. Dentists have the unique skills to restore smiles and lives for survivors of domestic violence. A restored smile can often bring a sense of closure, increased self-esteem, self-confidence and likelihood of securing employment. Give Back a Smile is the only national program providing services for this unmet need.

As noted, one of our requirements is all applicants must either contribute a $20 application fee or have completed at least 10 hours of community service. This is intended to incorporate a sense of investment in the gift applicants may receive. Our goal is for both the volunteer dentists and patients to feel successful in the program. This requires an investment of time and dedication on both sides.

Our vision statement is “Restore a smile, restore a life.” To go beyond restoring smiles, the AACDCF is honored to provide educational scholarships for GBAS
applicants enrolled in college. Our scholarship program has provided nearly $50,000 in financial support for 19 survivors of domestic violence working towards their educational and career goals.

3. Was there a catalyst for the creation of the nominated program? If so, please describe. What barriers did your organization have to overcome to implement the program? How did you marshal the necessary resources for implementation?

The Give Back a Smile program’s concept was proposed by American Academy of Cosmetic Dentistry (AACD) Past President and dentist, Dr. Wynn Okuda. Dr. Okuda identified that there were unmet dental needs for domestic violence survivors in his local community and believed that the AACD and its member dentists could help on a national level. The official Give Back a Smile program was established by the AACD Charitable Foundation on May 27, 1999.

To ensure program success, we need to maintain a constant balance between providing a valuable charitable service while nurturing volunteer satisfaction. Volunteerism is the lifeblood of Give Back a Smile. Upon original program implementation, we first needed to recruit volunteer dentists to restore damaged teeth. This was done through communicating the need and recruiting members of the AACD. Currently, more than 400 cosmetic dentists are available to donate smile restorations nationwide.

As noted, the program is not intended to provide emergency dental care; and because of what can be a very long healing process and ongoing effects of surviving domestic violence, some of our program applicants present with accountability struggles. For example, missing scheduled dental appointments for which volunteers set aside their time. The goal is for both the applicant and volunteer to feel successful in the program. To help ensure patient success and accountability, the application process is fairly extensive which helps verify that the applicant is in a place in her life to where receiving extensive dental treatment can be a priority and successful participation can be achieved. Additionally, we require all applicants to be away from all abusive relationships for at least one year and they must seek support services for domestic violence by meeting with a domestic violence advocate, counselor, social worker or minister which is verified on the application.

We also educate our volunteers on the dynamics of domestic violence including the cycle of violence, why victims stay, power and control wheel and potential long-term emotional and behavioral effects of experiencing domestic violence. This education is intended to encourage compassion and shed light into what their Give Back a Smile patients may have experienced.

Lastly, there are more available volunteers than program applicants so there is a continuous need to increase national awareness of our available dental services. To help reach potential applicants, we have engaged in outreach phone calls to several hundred domestic violence agencies across the country and most recently, have engaged a PR Committee to address potential media opportunities.
4. How do you know the nominated program is successful? Please site two examples. Although anecdotal examples are helpful, at least one example must include quantitative data.

Since the program's inception, more than 1,700 survivors of domestic violence have received smile restorations worth more than $17 million in donated dental services. GBAS has restored smiles in 45 of the 50 states. Just last year, 61 new applicants were connected with volunteer dentists to receive smile restorations. Our goal is to increase the number of new referrals by 10% each year. There are currently 70 patients receiving Give Back a Smile dental treatment across the country.

GBAS program recipients describe it best:

"These Doctors and their staff are some of the most gracious, humorous and humble people I have ever met. Their collaborative efforts and the belief they all bestowed upon me from donating their time, staff, skills and giving hearts directly resulted in the woman I see smiling back at me each day. I can honestly say I now feel a sense of self-worth and self-esteem I only dreamed of as a young woman. All because they believed in me as a woman who simply and humbly asked for help. Today, not only is joy the source of my smile, but I gratefully attest, my smile is truly the source of my joy."

"My experience was a real blessing. Dr. Notestine's office showed me so much unconditional love and care that I cried. It's been two years since my abusive relationship and I am now loving myself and moving on with my life."

"GBAS has raised my self-esteem significantly and enabled me to further recover from my traumatic past of physical, verbal and mental abuse."

"I have much more confidence when speaking to people. I no longer have to turn away when speaking to someone. I can look others in their eyes again."

"My anxiety has decreased and my confidence has increased. I'm focused on my future goals and more determined."

"For the first time, I was actually treated like a human instead of just a victim. Thank you."

"GBAS has changed my life drastically. I felt like staying closed up and not going out or socializing. I was horrified of trying to get a job. After being accepted for the GBAS program I saw a light at the end of the tunnel. I felt hopeful again and after all the time and work that Dr. Kevin and his staff were generous to donate, I gained so much back. I got a job, I participate in social activities. I've also been able to lose weight and feel pretty and happy again."

5. If funding were not an issue, what (if any) changes or additions would you make to the nominated program in the future? What are the long term goals for your program? (We are interested in hearing both your practical goals in addition to any lofty dreams you have for the future.)
Our strategic priorities include, increasing revenue and increasing charitable impact. Essentially, we hope to provide smile restorations at no cost for as many eligible survivors of domestic violence across the Country as possible. If funding weren't an issue, we'd invest in outreach efforts to increase awareness of our available services. Most applicants find out about our services through a social service agency, but we'd like to reach those applicants who don't even have access to such an agency. For example, invest in public relations and media pitching services to ideally secure at least one national television appearance featuring Give Back a Smile.

Additionally, we'd like to significantly increase funding for our scholarship program. Ideally, we'd have sufficient resources to award educational scholarships for all GBAS program recipients enrolled in college.

6. Who are your key community partners? What are their roles?

The dental community is our main partner. Within this community includes cosmetic dentists who donate their time and services to restore smiles as well as the dental laboratory technicians who often donate their time and materials to fabricate the dental restorations (i.e. crowns or dentures). Most of our funding also comes from the dental community through individual cash donations made by members of the American Academy of Cosmetic Dentistry, and donations through our teeth whitening fundraiser.

Fifty-nine percent of our applicants hear about our program through social service agencies at which they've sought support services. Most of these agencies are domestic violence shelters. We value our partnership with these agencies across the country who provide information about Give Back a Smile to survivors they support.

We also have good working relationships with other national domestic violence organizations such as, Face Forward, National Coalition Against Domestic Violence and the National Domestic Violence Hotline.

7. Could/should your program be replicated in other areas of the country? Why?

Yes; according to the National Coalition Against Domestic Violence, every one minute, nearly 20 people are physically abused by an intimate partner and according to the U.S. Bureau of Labor Statistics, there are at least 146,000 dentists in the United States. Whether it's a need to replace missing teeth or simply access to general oral healthcare, the dental needs for survivors of domestic violence are substantial. In many cases, they are denied access to dental care by their abuser or staying safe is the priority, opposed to maintaining good oral hygiene. The Give Back a Smile program is honored to have a small impact on such a vast issue, but there is opportunity for others to provide charitable dental care for survivors of domestic violence in need.

8. Does your agency have a workplace policy that addresses domestic violence? If so, please include a copy. Yes, see enclosed.

9. Has the agency and/or nominated program received VAWA funding? ("Yes" or "No" is sufficient) No
The Roth Award

1. **How do you determine that the population you serve qualifies as “underserved”?**
   Of the Give Back a Smile applicants who are comfortable sharing information about their race, 53% of them identify as white, 31% identify as black/African American, 7% as Native American/American Indian and 9% as Hispanic. When someone applies to the Give Back a Smile program, we provide them the opportunity to share a bit of their personal story. These stories shed light into the definition of survival, but also in many cases, how they’ve experienced barriers their entire lives, regardless of race. Program applicants are survivors of domestic violence which in itself, can be quite underserved. But within the broad category of “survivor of domestic violence” include many layers of people who are underserved. Our program applicants represent a wide array of marginalized populations specifically because of their race, ethnicity, disabilities, and sexual preference. For example, some applicants are permanently disabled because of domestic violence making it challenging to leave the house to access such resources.

   Additionally, most Give Back a Smile applicants are of lower social economic status and do not have the resources to access dental care and that is why they are seeking our help.

2. **Why do your clients need resources that are structured specifically for them?**

   According to the American Dental (ADA) Association, only two-thirds of Americans have access to dental care. The remaining underserved populations cannot regularly see a dentist for reasons including but not limited to, cost, difficulties getting to the dental office, and navigating governmental programs. And, for many survivors of domestic violence, safety is top priority; and dental needs must wait. The ADA also suggests that fewer people have dental insurance than health insurance. Per the Family Violence Prevention Fund, 75% of battering occurs to the head, neck and face, resulting in a tremendous amount of dental injuries due to domestic violence. Give Back a Smile applicants have received dental injuries because of domestic violence but in addition, are often in a position where they need access to general oral healthcare too. Give Back a Smile is the only national dental program of its kind which plays a valuable part within the extensive equation to fulfilling some of the needs for survivors of domestic violence.

Enclose: Workplace Domestic Violence Policy
I. PURPOSE

AACD is promoting the health and safety of our employees. Domestic violence is a leading cause of injury to women in this country. The purpose of this policy is to provide guidance for employees and management to address the occurrence of domestic violence and its effects in the workplace.

AACD seeks to create a supportive workplace environment in which employees feel comfortable discussing domestic violence and seeking assistance for domestic violence concerns. If an employee discloses that they are a survivor of domestic violence, it is important to send the following messages and avoid victim blaming:

a. You are not alone
b. You are not to blame
c. There is help available
d. You do not deserve to be treated this way

II. DEFINITIONS

A. Domestic Violence: A pattern of coercive behavior that is used by one person to gain power and control over another which may include physical violence, sexual assault and rape, emotional and psychological intimidation, verbal abuse, stalking and economic control. Domestic violence occurs between people of all racial, educational, and economic backgrounds.

B. Protective Order: Protection orders, sometimes called restraining orders or stay away orders, are a mechanism where a victim can petition the court for protection from a perpetrator/abuser, as well as establish custody and visitation guidelines and provide for other forms of economic security, like rent or mortgage payments, which last for the duration of the order. Protection orders may also issue in criminal cases as a condition of probation or condition of release particularly in a domestic violence, sexual violence, dating violence, or stalking related crime.

III. POLICY

B. It is the policy of AACD to use early prevention strategies in order to avoid or minimize the occurrence and effects of domestic violence in the workplace. AACD will provide available support and assistance to employees who are survivors of domestic violence. This support may include: confidential means for coming forward for help, resource and referral information, additional security at the workplace, work schedule adjustment or leave necessary to obtain medical, counseling, or legal assistance.

C. AACD will ensure that all employees receive a copy of this policy and ensure that all are aware of possible warning signs of an abuse victim, such as unexplained bruises, change in attitude or performance, lack of concentration, increased or unexplained absences, depression or heightened anxiety, receipt of harassing
telephone calls, and disruptive personal visits to the workplace.

D. AACD will provide educational resources regarding domestic and sexual violence education for staff when possible.

E. AACD will, to the extent possible, offer employees who are experiencing domestic violence a reasonable amount of time off and/or flexibility to obtain a protective order, testify in a criminal trial, move, or otherwise attend to emergency needs. Any leave of absence due to domestic violence will not be used against the employee.

F. Successful workplace intervention will consist of providing the employee with a nonjudgmental place to discuss the violence, information to begin accessing resources in the community or assisting the employee to formulate a safety plan, at the victim’s convenience.

G. AACD recognizes and respects an employee’s right to privacy and the need for confidentiality and autonomy. AACD shall maintain the confidentiality of an employee’s disclosure regarding violence unless to do so would result in physical harm to any person and/or jeopardize safety within the workplace. When information must be disclosed to protect the safety of individuals within the workplace, AACD shall limit the breadth and content of such disclosure to information reasonably necessary to protect the safety of the disclosing employee and others. Whenever possible AACD shall provide advance notice to the employee who disclosed information if the disclosure must be shared with other parties in order to maintain safety in the workplace or elsewhere.

H. While the employer retains the right to discipline employees for cause, AACD recognizes that victims of domestic violence may have performance or conduct problems such as chronic absenteeism or inability to concentrate as a result of domestic violence. When an employee subject to discipline confides that the job performance or conduct problem is caused by domestic violence, a referral for appropriate assistance will be offered to the employee. The manager in collaboration with the employee and HR representative will allow a reasonable amount of time for the employee to obtain assistance regarding the domestic violence.

Domestic Violence Resources:

DAIS (Dane County)
Services: crisis line, emergency shelter, legal program, children’s program, crisis response, support group, and pet resources.
24 hour Help Line: 608.251.4445
http://abuseintervention.org/

Dane County Rape Crisis Center
Services: Helpline, crisis counseling, youth program, support group, medical and legal advocacy
24 hour Help Line: 608.251.7273
http://www.danecountyrcc.org/
The National Domestic Violence Hotline
Services: 24/7 hotline to talk with trained domestic violence advocates
1.800.799.SAFE
http://www.thelhotline.org/

ACTS OF DOMESTIC VIOLENCE

I. The AACD does not tolerate acts of domestic violence at the workplace or in the home. An employee who is subject to a protection order or a named defendant in a criminal action as a result of a threat or act of domestic violence, must notify the AACD Human Resources Department immediately.
GIVE BACK A SMILE

Mary Byron Project: Semi-Finalist Packet

October 24, 2018

On behalf of the Give Back a Smile (GBAS) program, thank you for considering our application. We are sincerely grateful for this opportunity and elated that we've been selected as a semi-finalist. Thank you for all you do for survivors of domestic violence. Your support would help restore smiles and lives.

PACKET CONTENTS:
THREE LETTERS OF SUPPORT
PROOF OF 501c3 STATUS
GIVE BACK A SMILE BUDGET
GENERAL RESPONSES
PROGRAM SPECIFIC RESPONSES
GIVE BACK A SMILE PROGRAM APPLICATION

RESPECTFULLY SUBMITTED BY: LISA FITCH, CAE
DIRECTOR, Aacd Charitable Foundation
LISAF@AACD.COM
608.237.8812
October 15, 2018

Marcia Roth  
Executive Director  
Mary Byron Project  
10401 Linn Station Road  
Louisville, KY 40223

Dear Ms. Roth:

It is with great pleasure in my capacity as Executive Director of Face Forward, to express my recommendation for Give Back a Smile to be recognized as a fellow recipient of the Mary Byron Project Celebrating Solutions Award.

For several years now Face Forward and Give Back a Smile have worked together as “Partners in Patient Care” referring potential patients to each other for services. Them to us for surgical and emotional support services, and us to them for domestic violence survivors who contact our organization looking for dental services specifically to the “Smile” region of their mouths.

The dental services they provide for domestic violence survivors is admirable and their Director Lisa Fitch has always been a pleasure to work and “talk shop” with on occasion as well. Our organizations share the belief that as nonprofits we are definitely stronger together when we are able to collaborate and refer people to help where we know it can be found. We look forward to our continued relationship with Give Back a Smile, and wish them the best of luck in receiving this honor from the Mary Byron Project!

Please do not hesitate to contact me 747-207-5610 or via e-mail at faceforward.mandi@gmail.com if I can be of any further assistance or answer any additional questions.

Sincerely,

Mandi Edwards

Mandi Edwards  
Executive Director  
Face Forward, Inc.
Letter of Recommendation

Lisa Fitch
Director, Charitable Foundation
American Academy of Cosmetic Dentistry Charitable Foundation
Give Back a Smile

Mary Bryon Foundation:

My name is Lisa Marie Kao and I am the founder of Myntsmile Oral Health. I am proud to offer my recommendation of “Give Back A Smile” /The American Academy of Cosmetic Dentistry Charitable Foundation (AACDCF) which assists in rebuilding the smiles and lives of adults who’ve suffered dental injuries from domestic and sexual violence, through compassionate cosmetic dental services and support programs.

I have personally known about the (AACDCF) and their charitable work for years. My relationship grew with the organization when our company decided to donate a portion of our sales to GBAS. MyntSmile, a patented toothpaste for cosmetic dentistry, is donating a portion of their proceeds from every tube sold to Give Back a Smile.

During my relationship with Lisa Fitch at AACD I have experienced an individual who works hard and helps others in need. Give Back A Smile is deserving of the award. They believe that everyone deserves to live a life that is free of danger and violence, and work to heal the effects of domestic violence. They also strive to promote awareness about domestic violence in hopes of stopping it.

Please do not hesitate to contact me if you should require any further information.

Best,

Lisa Marie Kao
Founder and President of Myntsmile
Telephone: 517-246-0073

E-Mail lisamarielkao@myntsmile.com
www.myntsmile.com

October 14, 2018
October 10, 2018

To Whom It May Concern:

I would like to wholeheartedly recommend the Give Back a Smile Foundation for the Mary Bryon Foundation’s $10,000 grant. We have worked with the Give Back a Smile team over the past year to help raise money and awareness to their noble cause. I personally am grateful for what this organization is doing to restore dignity to victims of domestic abuse. It hits home for me as my sister was a victim of domestic violence for many years before she was able to escape her abuser.

In July, my wife and I, on behalf of DoctorLogic, partnered with Give Back a Smile on a 300-mile bike ride. We raised $1,380 of which DoctorLogic matched for a total impact of $2,760! We are also participating in their Virtual Race for Smiles next week. We ordered shirts for the entire company and will be posting a video in our ‘80s attire, helping to raise awareness for this amazing organization. We look forward to our continued partnership with this team to do what we can to bring light to the darkness of domestic violence.

Working with the team has been an absolute joy and I couldn’t be happier to offer our recommendation for this award.

Sincerely,

Kip Young
President/COO
Dear Sir or Madam:

In your letter dated March 15, 2016, you requested classification as a public charity described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

In our letter dated January 1995, we determined that you were exempt under section 501(c)(3) of the Code. We further determined that you weren't a private foundation and you were classified as a public charity described in section 509(a)(3) of the Code.

Based on the information you provided, we determined you meet the requirements for classification as a public charity described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

Accordingly, we have updated your public charity status in our records as you requested.

Since your exempt status wasn't under consideration, you continue to be classified as an organization exempt from federal income tax under section 501(c)(3) of the Code.

Grantors and contributors may generally rely on this determination of your foundation status unless the Internal Revenue Service publishes notice that you are no longer recognized as tax exempt or classified as a public charity in the Internal Revenue Bulletin. However, if a grantor or contributor takes any action, or fails to take any action, which causes you to lose your exempt status or causes you to be reclassified as a private foundation, that party cannot rely on this determination. Furthermore, a contributor or grantor who knows that the Internal Revenue Service has notified you of any change in your exempt status or foundation status cannot rely on this determination.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov,charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Because this letter could help resolve any questions about your exempt status and/or foundation status, you should keep it with your permanent records.
If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely,

[Signature]

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements
## 2017-2018 Give Back a Smile Budget

### Revenue

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General Responses:

1. **Number of individuals served annually**

   Each year, approximately 60 new program applicants are connected with volunteer dentists to restore their smiles. Our goal is to increase this number by at least 10% annually. Currently, there are about 80 people receiving Give Back a Smile dental work across the United States.

   Depending on the person’s needs, completion of dental restoration treatment can take as little as a few visits, to years. The average value of donated dental services someone receives through the program is about $9,500.

2. **Number of paid staff and volunteers**

   There are two full-time paid staff dedicated to administering the program including the Director of the Charitable Foundation and the Program Case Manager. The Director and Case Manager work collaboratively to administer the national program.

   There are about 300 volunteer dentists around the nation who are available as needed to donate dental restoration services for Give Back a Smile applicants. In addition, there are volunteer dental laboratories who often donate dental fabrication services (create dentures, crowns, and, etc.) for program cases.

   The five-member Board of Trustees also works to provide strategic guidance, oversight and engages in fundraising for Give Back a Smile.

3. **Past accolades**

   The Give Back a Smile program was a 2015 Gold Recipient of the ASAE Power of A Awards. The national award showcases how associations leverage their resources to solve problems and improve world conditions.
The American Academy of Cosmetic Dentistry Charitable Foundation has received grant funding from the Patterson Foundation to help support Give Back a Smile patient travel and gas expenses for their dental appointments.

Charitable Foundation Director, Lisa Fitch earned first place in the “Making a Difference” essay contest through the Center for Community and Nonprofit Studies at the University of Wisconsin Madison’s Fundraising and Development 2016 conference. The essay exemplified the life-changing work of the Give Back a Smile program.

4. **Staff and Board composition**

The majority of our client population are women who’ve experienced domestic violence. Our staff members are both women of whom have either experienced domestic violence personally or have supported someone close to them who has.

More than half of the Board of Trustees are comprised of women who have experienced domestic violence, grown up in home with violence or have supported someone in a domestic violence situation. Three of the five board members have had the opportunity to personally donate their time and services to restore smiles through the program.

**Program Specific Responses:**

1. **How does the GBAS Case Coordinator assist “patients with the travel expenses to and from dental appointments”? Are travel expenses provided on an as-needed basis?**

Each Give Back a Smile patient is informed via letter that there is assistance available to help with the cost of gas expenses to and from their scheduled dental appointments. Those who are interested in utilizing this support, contact the Give Back a Smile office and provide the date of their scheduled dental appointment(s). The Case Manager then processes the request by researching the cost of gas in the patient’s area and calculates the amount of support based on an average 15 miles per gallon vehicle. She then documents this in our patient database and requests a travel assistance check from the Accounting Department. Once the check is signed, the Case Manager mails it directly to the Give Back a Smile patient who is to use it for their scheduled dental appointment.
In some unique cases, the Foundation will assist with other reasonable requests required to complete dental care. For instance, if a patient is traveling a long distance and she/he has an extended appointment starting early in the morning, the Foundation may provide funding to support the cost of a hotel for the night before. In addition, costs for public transportation such as buses and trains are often supported.

2. Please describe the efforts that are undertaken to enlist cosmetic dentists to volunteer with GBAS.

Most of the Give Back a Smile volunteers are members of the American Academy of Cosmetic Dentistry and they are recruited through multiple channels throughout the year:

- Within the Give Back a Smile website, there is a dedicated volunteer webpage (www.aacd.com/GBASvolunteer) that includes a volunteer sign-up form. Non-member dentists are welcome to sign up to volunteer through this form as well.

- An annual email is sent to around 3,000 members requesting that they update their Give Back a Smile volunteer status. This email recently went out and so far, about 80 volunteers have updated their status of which 89% are available to restore smiles as needed. This communication will be resent to anyone who did not open the original email.

- Twice per year, a form is sent to all dentists who are currently treating program patients. Within that form, they are prompted to provide a status update of their current case and of their volunteer status.

- Volunteer dentists are recruited during the American Academy of Cosmetic Dentistry's annual scientific session by one on one conversations, fundraising events and formal presentations.

Volunteer availability is tracked in the Give Back a Smile database.
3. If an individual is denied services due to the unavailability of a dentist within 200 miles, could services be provided later as your list of volunteer dentists grows, or if the potential client moves within 200 miles of a volunteer dentist?

There are available volunteer dentists for most eligible applications however, if a volunteer is unavailable, attempts are made to refer that applicant to alternative dental care. For instance, treatment through a dental school. Additionally, if a volunteer dentist is not available at the time of application submission, the applicant would be more than welcome to reapply in the future as volunteer availability can change from time to time. We unfortunately are not able to guarantee an available volunteer in the future, however.

4. What efforts are made to ensure that the patient/client properly maintains the dental work after completion? Would patients receiving cosmetic dental services with other general dental needs be referred to dentists in their area to assist with those needs?

Once the dental restoration has been completed through the Give Back a Smile program, the volunteer dentists provide guidance and education to their patients as to how to properly maintain the dental work as well as tips for good dental hygiene. Because the dentists donate their time and services, they are not required to provide any maintenance or repairs to the dental work. Once the smile restoration has been finished based on program guidelines, the patient's Give Back a Smile case is considered complete. With that said, some volunteers generously opt to provide dental maintenance services like cleanings or repairs at no cost, outside of the program.

5. Does the program have the ability to provide immediate cosmetic dental services in the event of an extreme emergency?

Unfortunately, Give Back a Smile is not set up to provide emergency dental services. This is because the program is administered nationally from its home base in Madison, WI and requires an extensive applicant prescreening process which is not conducive to providing emergency care. In cases of emergency, we would recommend that someone contact a local dentist outside of the program, human services agency, or a dental school for services.
6. Please share additional information regarding the scholarship program. What are the eligibility requirements? Are there any restrictions as to college or career field? Is there a maximum amount awarded? Are the funds received as a one-time grant, or may the survivor apply for continuation funds?

The Scholarship Program provides educational funds for Give Back a Smile patients enrolled in college and are seeking a degree in higher education. Eligible applicants have either completed their GBAS dental work or are in the process of receiving GBAS dental services. They also need to confirm that they have maintained separation from the abusive situation. There aren’t any restrictions as to the college or field of study. It can be a technical college, trade school, four-year college or graduate school. In the last five years, we’ve awarded nearly $50,000 in scholarship funds to recipients seeking degrees like nursing, culinary management and social work.

Available funding has varied from year to year. In 2018, one $4,000 scholarship was awarded to someone seeking a degree in acupuncture and Chinese Medicine. In 2019, we anticipate awarding a total of $10,000 scholarships to two recipients.

To ensure more people can have access to the scholarship funding, recipients are only awarded funds once.

7. The application states, “We also educate our volunteers on the dynamics of domestic violence including the cycle of violence, why victims stay, power and control wheel, and potential long-term emotional and behavioral effects of experiencing domestic violence.” Please share additional information regarding the education. For example, what is the length of the education course, how is it administered, and by whom? Is it a single training, or multi-sessions? Are dentists required to take the education or is it voluntary? Are your materials updated as new trends in intimate partner violence emerge? Do you provide any “continuing education” type courses?

We have developed an informational booklet that provides the educational information noted above. This booklet is provided to every volunteer dentist upon referral of their Give Back a Smile patient. We recognize the importance of educating our volunteers and that there is room to improve this process and formalize the educational efforts.
In the future, we plan to develop an online course for prospective and active Give Back a Smile volunteers to learn about the current trends, dynamics of abuse, long-term effects, power and control wheel and cycle of abuse.

The staff team make efforts to stay abreast of new trends and education in intimate partner violence by reading information from other notable agencies like the National Domestic Violence Hotline, National Resource Center for Domestic Violence and from the National Coalition Against Domestic Violence. The staff team has also attended two national conferences hosted by the National Coalition Against Domestic Violence.

8. Please share some of the ways in which you have partnered or worked with Face Forward, NCADV and the National DV Hotline.

One of the primary strategic goals of Give Back a Smile is to increase national awareness of our services so that we can help more survivors of domestic violence in need. We have collaborated with other national organizations for these purposes.

We are a referral option for people seeking dental services through the National Coalition Against Domestic Violence’s (NCADV) Cosmetic Reconstructive Support program. The NCADV refers prospective Give Back a Smile applicants to us as needed.

We have also established a wonderful working relationship with the Face to Face program in which we’ve each referred applicants to our prospective programs and have shared insights about administering our national programs.

The National Domestic Violence Hotline has information on file about Give Back a Smile services in which they’ve provided to their advocates to share with people as needed.
9. Please feel free to share any additional information about your program that may be helpful for our reviewers to know.

A flash drive is enclosed that includes video testimonials and before and after photos of Give Back a Smile recipients.

Give Back a Smile is honored to play a crucial part in healing some of the effects of domestic violence. We sincerely appreciate your thoughtful consideration of this award. Your support will directly help restore smiles and will enable us to reach more people in need of our services. Bruises and scars, fade but damaged teeth cannot repair themselves.

The stories of our program patients explain it best. This is Dawn’s story:

Dawn vividly remembers the day she left her abusive husband. She woke up in a hospital, skull fractured, ribs broken, face scarred. Her teeth were destroyed. She had lost everything: her job, her house, her self-respect. Her first three months of freedom, she slept on a mattress on the floor, still so fearful of her life that she faced the door with a loaded gun. Resilient by nature, Dawn spent months trying to rebuild her confidence, but when she looked in the mirror, she only saw her physical scars, reminders of a painful past. She only found jobs where she could stay hidden, covering up her facial scars with makeup, always putting her hand over her mouth to hide what once was a confident smile. She was ashamed of the way she looked.

Struggling financially, there was no way that Dawn could afford the expense of restorative dental work so badly needed. A domestic abuse advocate told her about Give Back a Smile. Dawn applied to the program, and two months later, she received a letter in the mail referring her to a cosmetic dentist in Chandler, Arizona, Dr. Robert Walker. Summoning her courage, Dawn called Dr. Walker’s office and heard the comforting words, “We’ve been expecting your call.”

Inspired by his sister who started a non-profit organization for domestic violence victims, Dr. Walker got involved in Give Back a Smile (GBAS) three years ago by simply wanting to do his part. He was all too familiar with domestic violence cases, not just the physical
damage inflicted on victims, but the emotional toll it took as well. On Dawn’s first visit, he listened to Dawn’s story; a once successful woman, a grandmother who had survived ovarian cancer and still had more to give. Dr. Walker knew that she had the potential to turn her life around. Unfortunately, Dawn’s teeth were not restorable. Her dentition was almost non-existent due to long term abuse and stress from clenching and grinding.

After several visits, Dr. Walker gave her a new denture to restore her smile. The impact on Dawn’s life was enormous. "GBAS gave me back the dignity my abuser had robbed me of. I no longer look in the mirror and see a tarnished woman. I see a beautiful smile and light in that woman’s eyes. I have become the selfie queen!" Dr. Walker saw firsthand the enormous difference he made in Dawn’s life, not only giving back Dawn’s smile but the confidence to move forward. Dawn is now getting her degree in counseling and working towards her dream of advocating for other women trapped in abusive relationships.

Being a part of GBAS has given Dr. Walker a new perspective on his profession. "After being dentists for many years, we forget about what an impact we can make on someone’s life. The smallest gesture from us can make a life changing impact on others."

10. Please provide copies of any evaluation forms, screening tools or assessments used to determine client eligibility.

The Give Back a Smile program application is enclosed.
11. Please include copies of any tools or forms used for safety planning with clients and determining danger and/or lethality.

One of our eligibility requirements is that program applicants must be out of all abusive relationships for at least one year. Dental restoration treatment can be a significant emotional and time investment for the patient. The year guideline is intended to allow some time for the patient to address basic needs like safety, shelter and emotional support. Therefore, we do not typically engage in safety planning.

Also, we are very aware of the inherent safety risks for survivors of domestic violence even years after they’ve left the relationship. Therefore, we take extreme caution when sharing photos or identifying information and only do so with written permission of the applicant.

If someone inquires about the Give Back a Smile program and is still in an abusive relationship, we make efforts to refer to local domestic violence agencies who will be able to provide the support they need.

END OF RESPONSES
The Give Back a Smile program (GBAS) was established by the American Academy of Cosmetic Dentistry, Inc. ("AACD") and the Aacd Charitable Foundation to connect eligible survivors of domestic and/or sexual violence who've received dental injuries to the smile-zone from the abuse with volunteer cosmetic dentists to restore their smiles at no cost. The dental injuries need to be a direct result of the domestic and/or sexual violence. We have volunteer cosmetic dentists throughout the United States and Canada but services are based on volunteer availability at the time you apply. If we do not have an available volunteer located within 200 miles of your location, we unfortunately cannot provide you services. Please be aware that our volunteer pool is more limited if you need dental care beyond the front 8 teeth and implants are not guaranteed.

**Give Back a Smile Application Information**

**WHO IS ELIGIBLE:**

1. Adult (18+) women and men who have received dental injuries to the smile-zone from:
   - Former intimate partner or spouse (husband, wife, domestic partner, boyfriend, or girlfriend)
   - Family member
   - Sexual violence (sexual assault and/or rape)
   - Human trafficking (may be considered)

Other violent attacks or accidental dental injuries, while traumatic, do not qualify.

2. The incident causing the dental injuries generally must have occurred at least one year ago. GBAS may make exceptions to the one-year requirements if the abuser is deceased or in jail/prison.
   - If hurt by an intimate partner or spouse: you need to be out of all abusive relationships for a minimum of one year.
   - If hurt by a family member: you need to have lived in a separate home from that person for a minimum of one year.
   - If hurt because of sexual assault: it needs to have happened at least one year ago

3. All applicants need to meet with a domestic violence/sexual assault advocate, case manager, counselor, faith leader, therapist or doctor with experience in counseling survivors of domestic violence/sexual assault, at least once and that person needs to complete page 6 of the application.

4. The program does not help with dental neglect (such as cavities), gum disease, jaw injuries, or orthodontic treatment (braces, shifted teeth, and/or spaces between teeth).

5. The program does not replace or fix previous dental work done by any dentist including GBAS volunteers. In other words, dental work that does not fit, looks bad, no longer works, an implant that was started but not completed.

**More application instructions on the back of this page**
6. To apply for the GBAS program, you must do one of the following:

- Include a $20.00 application fee paid by money order ONLY, to the GBAS program. This is nonrefundable.

- OR-

- Complete 10 hours of community service (volunteer work) before sending in your application. The community service must have been performed within 12 months prior to the date of your application. You can volunteer for the charity of your choice (such as a shelter, food pantry, or nursing home), and the volunteer verification form (page 9) must be completed.

NOTE: Read this entire application carefully before filling it out. It will be returned if all pages are not completed and the application is not signed and dated. All application submission materials MUST be submitted together. Please do not send the $20 application fee or support verification form separately. If you have questions, call GBAS at 800.543.9220.

Mail this application to: GBAS, 402 West Wilson Street, Madison, WI 53703 or fax to: 888.488.6888
1. First Name: ____________________ Middle Initial: _____ Last Name: ____________________
2. Date of Birth: ____________________

*We are often asked about the demographics of those we serve. The following two questions are optional, but helpful.*

3. The gender with which you identify: □ Male □ Female

4. What is your race? □ White or Caucasian □ Black or African American □ Hispanic or Latino □ Native American or American Indian □ Asian/Pacific Islander □ Other

5. Mailing Address:
   Street: ____________________
   City: ____________________ State: __________ Zip Code: ________

6. Phone: ____________________
7. E-mail Address: ____________________

8. How did you hear about the program? ____________________

9. Are you able to travel up to 200 miles? Yes ______ No ________ If not, how far can you travel? ________ miles. If traveling is necessary, we can help with gas expenses but it’s your responsibility to coordinate your transportation.

   How will you get to your dental appointments? ____________________

10. Tell us who damaged your teeth, check ONE of the following:

   *NOTE: Month and year required*

   □ Former intimate partner or spouse (husband, wife, domestic partner, boyfriend, or girlfriend)

   *The date you left the abuser (must be away from all abusive situations):
   MONTH: __________ YEAR: __________

   □ Family member (not intimate partner or spouse)

   *If from a family member, describe relationship ____________________

   *The date you last lived with this family member: MONTH: __________ YEAR: __________

   □ From sexual violence (sexual assault and/or rape)

   *The date of the sexual violence: MONTH: __________ YEAR: __________

   □ Other (i.e. human trafficking) please describe ____________________

   *The date you left the situation: MONTH: __________ YEAR: __________

*If it has not been at least one year but the abuser/perpetrator is deceased or in jail/prison, check one: □ Deceased □ In jail/prison, release date (required): __________
11. If you’re comfortable, briefly tell us about your personal story and how domestic/sexual violence has affected you (optional):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. Tell us specifically how your teeth were damaged as a direct result of domestic or sexual violence:

________________________________________________________________________
________________________________________________________________________

13. Describe all of your dental needs (List ALL dental issues in your entire mouth, not just from the violence) PLEASE INCLUDE A PHOTO OF YOUR TEETH WITH THE APPLICATION IF POSSIBLE

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

14. Date of incident: ___________ How many teeth are missing in your entire mouth? ___________
How many teeth are broken or damaged (not missing) in your entire mouth? ____________

15. Have you had dental work done to your damaged teeth (such as bridge or denture, etc.)?  
   Yes_______ No______  If YES, Date: _____________________

   If YES, Explain: ____________________________________________
Please complete the following tooth diagram with ALL of your dental needs, not only the teeth that were damaged from domestic and/or sexual violence.

16. **Draw an “X” on ALL teeth that are MISSING**

**Example Only**

**Please Complete**

CIRCLE ALL teeth that are in need of any dental work (not missing)

I verify that the information I provided on this application is true. I authorize the release of this information to the American Academy of Cosmetic Dentistry, Inc. (AACD), the AACD Charitable Foundation and the GBAS program. I give permission for the GBAS program to verify the information in this application, including to contact the person completing the Support Verification Form and, if I have provided community service as part of my application, the charitable organization(s) identified in the Community Service Verification Form. I also authorize the GBAS program to share information, in my application and about my eligibility, with one or more volunteer dentists in the GBAS program.

Signature: ___________________________ Date: ________________
Patient Agreement Form

Please write your initials next to each statement below and sign at the bottom, letting us know that you understand the application process and GBAS guidelines.

_____ Based on my situation, I verify that I have been away from all abusive situations for at least one year

_____ The dental work I may receive is donated (The dentist does not receive payment)

_____ My $20.00 application fee is non-refundable.

_____ Sending in an application to the GBAS program does not guarantee I will be sent to a dentist or that I will be accepted as a patient.

_____ If there is not an available volunteer dentist located within 200 miles of your location, we unfortunately cannot provide you services. Please be aware that our volunteer pool is more limited if you need dental care beyond the front 8 teeth.

_____ When I receive a letter from the GBAS program informing me of a volunteer dentist who may provide my dental work under the GBAS program, I understand that it is my obligation to schedule the first appointment within 30 days.

_____ The GBAS volunteer dentist makes the final decision of eligibility and disqualification (as described below) per the program guidelines and decides what dental work fits within the program. Dental work is not guaranteed and I hereby release and waive any and all claims that I may have against the American Academy of Cosmetic Dentistry, Inc., and/or the American Academy of Cosmetic Dentistry Charitable Foundation that may arise with respect to my participation in the program and/or my dentist-patient relationship with the GBAS volunteer dentist.

_____ The program does not help with dental neglect (such as cavities), gum disease, jaw injuries, or orthodontic treatment (braces, shifted teeth, and/or spaces between teeth).

_____ The program does not replace or fix previous dental work (such as dental work that does not fit, looks bad, no longer works, an implant that was started but not completed by any dentist in the past including GBAS volunteers.

_____ The program does not guarantee specific dental work that I request or want (such as implants or teeth whitening).
Among other reasons, I can be disqualified from the GBAS program at any time if I:

- Don’t call to schedule my first appointment within 30 days
- Reject the volunteer dentist’s proposed treatment plan
- Don’t show up to appointments
- Cancel appointments
- Cancel appointments without a 48-hour notice
- Don’t stay in contact with the volunteer dentist or the GBAS office
- Disrespect the dental office or GBAS staff
- If the volunteer dentist terminates you as a patient for any reason
- If you provide false information in your application or otherwise fail to comply with the GBAS program

If I am disqualified, my GBAS case will be closed and I will not receive any further dental services under the GBAS program.

I will update the GBAS office of any changes to my phone number or mailing address. If the GBAS office can’t find me, my case may be closed, with no further dental services being provided. All changes must be sent directly to the GBAS office. No returned mail will be forwarded.

If I’m eligible for the program, once my GBAS case is done within program guidelines, the dentist will not provide any further dental work to me or keep me as a patient. My GBAS case will not be reopened for any reason.

Your application will be reviewed as quickly as possible. In order to keep the process moving, we ask that you please don’t call to check the status of your application. These types of calls will not be returned to you.

I have read the entire Give Back a Smile application, including this Patient Agreement Form, and understand my obligations and the dental services that I may be eligible to receive under the GBAS program.

____________________________________   __________________________
Signature                                      Date
Support Verification Form

This application will be returned to the Give Back a Smile applicant if this form is not completed and signed by one of the professionals described in the following paragraph.

All applicants for the Give Back a Smile (GBAS) program must see in-person, at least once before the application is completed, a counselor, advocate, case manager, therapist, faith leader or medical professional with prior training or experience in counseling survivors of domestic violence/sexual assault. There are two reasons for this requirement:

- To connect the applicant with support systems within their community.
- To have an independent source confirm after having heard the applicant’s story, they affirm the applicant received their dental injuries from domestic or sexual violence, and the applicant is now away from all abusive situations for a minimum of one year.

The applicant may either see someone they have worked with in the past that is willing to reconnect with the applicant for the purposes of this application or seek a referral to a local domestic violence program by calling the National Domestic Violence Hotline at 800.799.7233.

This form cannot be completed by a friend or family member.

If the person completing this form needs more information about the GBAS program, contact the Foundation Case Manager at givebackasmile@aacd.com or 800.543.9220.

Please indicate your role by circling one of the following:

Counselor    Advocate    Case Manager    Therapist    Faith Leader    Medical Professional

Please provide information that would assist us in reviewing this application and describe your training and prior experience in counseling victims of domestic violence/sexual assault:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I confirm that I have met with the applicant at least once. Based solely on her/his explanation, I believe her/his injuries were caused by domestic or sexual violence. Based on his/her explanation, I also believe: (a) that she/he has been out of all abusive relationships for at least one year or, in the case of sexual violence, that the sexual violence happened at least one year ago; or (b) the abuser is deceased or is in jail/prison. I understand that I may be contacted to verify my place of employment, credentials and signature.

Signature: __________________________________________________________ Date: __________________________

Print Name: ________________________________________________________ Agency: __________________________

E-mail Address: ______________________________________________________

Phone: ___________________________ Address: __________________________

City: ___________________________ State: __________________________ Zip Code: __________________________

Would you like us to send program literature for your agency? ____ Yes ____ No
This section is OPTIONAL and does not affect your eligibility

We may have opportunities for you to share your story, photos and etc. for the purpose of increasing awareness of domestic violence and Give Back a Smile. If it is safe for you to do so, are you interested in participating? YES_______ NO_________

If YES, please review and complete the following release form:

In consideration of the dental services provided to me under the GBAS program, I consent to the use of the below-initialed items by the American Academy of Cosmetic Dentistry, Inc. (AACD) and the AACD Charitable Foundation, for the purpose of marketing, publicity or advertising of the Give Back a Smile program. Publication may occur in, commercial publications, newspapers, exhibit booths, on internet websites, social media, television, radio and similar means.

I acknowledge that I will receive no further compensation for the use of the below-initialed items. I also agree that neither the Photographer/Owner nor AACD, its Charitable Foundation and the GBAS program can guarantee the quality of the images. I release AACD and its Charitable Foundation from all liability for the below authorized uses unless it can be shown the use or publication is malicious. I waive any right I may have to inspect and/or approve the specific use of the image and/or text that may be associated with it. I have read and had the opportunity to carefully review and ask questions about this release.

I understand that I can revoke this authorization by written notice to the GBAS program. I understand that any such revocation will not be effective for any publication that occurred, or had been scheduled, prior to my revocation being received by the GBAS program.

Please write your initials next to any of the following that you authorize:

I may be contacted to participate in:
- Television Interviews_______ Radio Interviews_______ Print Interviews_______

I authorize the use of my:
- Full Face Photos_______ Teeth Only Photos_______ Written Story/Statements_______

I authorize the use of my name:
- Yes_______ No_______

__________________________________________________________
Applicant’s Signature

________________________
Date
Before you return your application, please read the following:

1. Be sure all sections of this application are filled out completely, correctly and legibly. All application submission materials MUST be submitted together. Please do not send the $20.00 application fee or support verification form separately.

2. In order to apply for the GBAS program, you must send in a $20.00 application fee, or complete 10 hours of community service (volunteer work) within 12 months prior to the date of your application. The fee or service verification form (page 9) must be included with your application, or it will be returned to you.

3. Please do not include additional documents with your application (i.e. police reports, medical records, etc.). They will not be reviewed and will be shredded to ensure your privacy.

4. Make sure you have met in-person with a counselor, advocate, case manager, therapist, faith leader or medical professional described in the Support Verification Form on page 6 at least once and have that person complete and sign that form.

5. Make a copy of this application for your files.

6. Mail your completed application to GBAS, 402 West Wilson Street, Madison, WI 53703 or fax to 888.488.6888. Note: if including a money order, DO NOT fax your application.

**What happens after I send in my completed application**

- GBAS reviews applications first. If your application does not qualify for the program, you will be mailed a letter within 45 days.

- If your application is approved by GBAS, we will begin looking for a volunteer dentist (remember that the dentist has final approval). Please be aware that this process will take time (potentially several months). Once we’ve determined whether or not there is an available volunteer dentist in your location, you will receive a letter indicating the status of your case.

- When a volunteer is confirmed, you will be notified of the volunteer dentist. After your first appointment which you must schedule within 30 days of receiving that notice, he/she will let you know what they can do, what they can’t do, or whether your dental situation fits within the guidelines of the program. You are not accepted into the program until the dentist sees you for a consultation and determines that he/she is able to donate the dental work that you need. The program does not guarantee implants or patient requested dental work. Note: you may be disqualified from the program at any time.

- Please note: If we do not have an available volunteer located within 200 miles of your location, we unfortunately cannot provide you services and we will inform you of this via mail. Keep in mind that our volunteer pool is more limited if you need dental care beyond the front 8 teeth.

- All program correspondences will be sent through the mail. If your address changes, please inform the GBAS office right away. If we are unable to contact you, your case can be closed.
Community Service Verification Form

This form is to be completed only if you chose to do 10 hours of community service. It must be filled out and signed by a supervisor/manager where you did your volunteer work.

1. Print supervisor/manager name: ________________________________
   Non-profit agency name: ________________________________
   Hours of volunteer work completed: __________
   Date applicant completed volunteer work: __________ Signature: __________
   Phone: ___________________________ Address: ___________________________
   City: ___________________________ State: __________ Zip Code: __________

2. Print supervisor/manager name: ________________________________
   Non-profit agency name: ________________________________
   Hours of volunteer work completed: __________
   Date applicant completed volunteer work: __________ Signature: __________
   Phone: ___________________________ Address: ___________________________
   City: ___________________________ State: __________ Zip Code: __________

3. Print supervisor/manager name: ________________________________
   Non-profit agency name: ________________________________
   Hours of volunteer work completed: __________
   Date applicant completed volunteer work: __________ Signature: __________
   Phone: ___________________________ Address: ___________________________
   City: ___________________________ State: __________ Zip Code: __________

4. Print supervisor/manager name: ________________________________
   Non-profit agency name: ________________________________
   Hours of volunteer work completed: __________
   Date applicant completed volunteer work: __________ Signature: __________
   Phone: ___________________________ Address: ___________________________
   City: ___________________________ State: __________ Zip Code: __________
Links to Give Back a Smile Video Testimonials:

- Give Back a Smile on Dr. Phil
  https://www.youtube.com/watch?v=fTO9vCJpick

- Laquita's Story
  https://www.youtube.com/watch?v=XDm_LyWh4dk&t=99s

- Lisa's Story
  https://www.youtube.com/watch?v=CaCh7WTuPP4