



P.O.Box 950
 Granby MA.
 01033

Phone: 888.865.7011
 Fax: 413.284.4105
 www.allanasmiles.org

Allana Smiles Foundation Patient Application

Patient Contact Information

| | | | |
|------------------------------------|-----------|------------------|--------|
| Name : | | Sex: | |
| DOB: | Street: | | |
| City: | Zip Code: | Language Spoken: | |
| Home Phone: | | Cell Phone: | |
| Email: | | | |
| Contact Person Other than Patient: | | | Phone: |
| Relationship to patient: | | | |
| Notes: | | | |

Patient Financial Information

| | |
|---|--------------------|
| Monthly Income: | Size of household: |
| Is your household income less than 200% above poverty guidelines according to the US Government for the current year? | |
| If yes please provide a pay stub and a copy of the prior year's tax return. | |
| If past income is above the poverty guidelines and income has changed patients can request an appeal. | |
| Do you request an appeal? | |

Medical Criteria

| |
|---|
| Have you been diagnosed with cancer? |
| Are you currently in treatment for cancer? |
| Does your medical doctor/ oncologist require that you have a dental clearance prior to starting cancer treatment? |

Medical Doctor

The above mentioned patient _____ is currently in need of dental treatment prior to receiving Cancer treatment.

Sign _____
 Signature of medical doctor

Print _____ Date _____
 Printed name of medical doctor



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What to expect after applying

1. Complete your application and mail it to Allana Smiles PO Box 950, Granby MA. 01033. You may also choose to fax it to 413.284.4105 or email to charlotte@allanasmiles.org
2. Once your application has been received you should expect to receive a phone call or email within 24 hours. *(be sure to list the best contact number on your application)
3. Patients typically fall under two categories.
 - a) Applicant has a dental need and can afford dentistry. They need help finding a dentist.
 - b) Applicant has a dental need and can't afford it. They need help finding a dentist and a grant to help cover the costs.

The Allana Smiles Foundation will provide you with a list of dentists to choose from. The choice is completely up to the patient. The dentists that are listed on the Allana Smiles website are listed because they have been recommended by a patient or professional peer.

All patients requesting a grant must complete an application. Grants will be given based on need and available funding. A member of Allana Smiles will be in contact with you to assist you with the process. If you have any questions you can call the foundation at 888.865.7011