



***"SMIRK today, smile a lifetime"***  
**INDIVIDUAL APPLICATION**

SMIRK, (Smiles Made in Random Kindness), a nonprofit dental organization, 501 (c) (3) was created by Dr. Mike Gavin of Onalaska, Wisconsin to allow children and teens (and their families) who are unable to pay for orthodontics to be able to receive this care at no cost. Money raised through generous donations and various fundraisers allows these patients to benefit from SMIRK.

Please fill out the following application if you know of someone, including yourself, who would benefit from SMIRK. The SMIRK board reviews these applications regularly.

Applicant Name: \_\_\_\_\_

Parent/Guardian Name (if under age 18): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

What was the total taxable income from the most current tax year return?

\_\_\_\_\_

How many people reside in this household? \_\_\_\_\_

Does the patient have dental insurance? (Please circle)      Yes      No

If so, what dental insurance do they have? \_\_\_\_\_

Who is the patient's current dentist/dental office? \_\_\_\_\_

When was the patient's last dental visit? \_\_\_\_\_

What are the dental needs of this patient? (Please be specific & include photographs):

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If you are filling out this application for someone other than yourself, what is your relationship to this potential patient? \_\_\_\_\_

Thank you for taking the time to fill out this application!

Completed applications can be e-mailed to [smirk@valleydental.us](mailto:smirk@valleydental.us), or mailed to:

**SMIRK INC.**  
**c/o Valley Dental Inc**  
**1637 Main Street Ste 1**  
**Onalaska, WI 54650**

Applications are reviewed by the SMIRK Board. Applicants will be notified within 90 days whether the patient will receive dental care through SMIRK funds. You may also receive a call or e-mail asking for additional information needed to move forward.