



Smile
It
Forward

Jupiter

ORTHODONTICS

-  You must submit a 5 X 7 head-shot photo of applicant with full smile and teeth showing.
-  You must have a letter of reference. Please use space below. (Printed please)

The applicant is an excellent candidate for Smile it Forward because

Household income: _____

Parent/guardian place of employment: _____

Contact information:

Applicant Name: _____

Parents' Name _____

Address: _____

Responsible party phone numbers: Home: _____ Cell: _____

Submitted by (check one): Dentist Teacher Clergy member School Counselor
 Other Professional _____

Please mail completed form with picture and reference letter to:

SMILE IT FORWARD
24 N. Loxahatchee Dr. Ste #4
Jupiter, FL 33458

For questions: 561-747-5766
drrking@JupiterOrthodontics.com

ALL APPLICATIONS, PICTURES AND SUPPORTING DOCUMENTS WILL **NOT** BE RETURNED AND BECOME PROPERTY OF SMILE IT FORWARD.

INCOME ELIGIBILITY GUIDELINES
185% Above Federal Poverty Level

Household Size	Annual	Monthly	Every 2 weeks	Weekly
1	\$19,240	\$1,604	\$740	\$370
2	\$25,900	\$2,159	\$997	\$499
3	\$32,560	\$2,714	\$1,253	\$627
4	\$39,220	\$3,269	\$1,509	\$755
5	\$45,880	\$3,824	\$1,765	\$883
6	\$52,540	\$4,379	\$2,021	\$1,011
7	\$59,200	\$4,934	\$2,277	\$1,139
8	\$65,860	\$5,489	\$2,745	\$1,267
Each add'l member	\$6,600	\$555	\$257	\$129