

Nomination Application for Project Smile

Your Name _____ Phone _____

Relationship to the Nominee _____

Information about the Project Smile Nominee:

Name _____ Phone _____

Address _____

Marital Status _____ Number of Children/ Dependents _____

Employment Status: Actively Employed _____

Unemployed: temporarily _____ permanently _____

Disabled: temporarily _____ permanently _____

Medical Condition: Good _____ Fair _____ Poor _____ Not sure _____

Dental Condition: in pain _____ missing teeth _____ difficulty chewing _____

broken teeth _____ swollen gums _____ not sure _____

Number of years since last dental visit (if known) _____

Please tell us why this person is your nomination for Project Smile:
