

Smiles4Canada is a program run by the Canadian Foundation for the Advancement of Orthodontics (CFAO) in conjunction with the Canadian Association of Orthodontists (CAO).



Table of Contents

1.0	General Information	2
1.1	Overview	3
1.2	Application Process and Criteria	4
1.3	Low-Income Cut-Offs for 2026 Applications	5
2.0	How to Apply	7
2.1	Getting Started	8
2.1.1.	QUALIFYING QUESTIONS 1	9
2.1.2.	QUALIFYING QUESTIONS 2	11
2.2	Child/Candidate Information	13
2.2.1.	BASIC INFORMATION	13
2.2.2.	SUPPORTING DOCUMENTS	16
2.2.2.1.	Digital Photos	17
2.2.2.2.	Dental Examination Form	18
2.2.2.3.	Personal Reference Letter	18
2.2.2.4.	Candidate Statement Form	18
2.3.	Parent(s)/Guardian(s)	19
2.3.1.	INFORMATION	19
2.3.2.	SUPPORTING FINANCIAL DOCUMENTS	20
2.4.	Additional Information	21
2.5.	Program Rules, Expectations, and Release	22

1.0 General Information



1.1 Overview

Thank you for your interest in Smiles4Canada (S4C). The program helps provide orthodontic treatment to deserving young Canadians from low-income families who wouldn't be able to afford it otherwise.

We receive a high volume of applications each year and, while we wish we could assist everyone, our resources limit the number of applicants we can help. Therefore, we carefully evaluate all eligible applications to identify those in the most need and who are likely to complete their full orthodontic treatment.

To help us identify applicants who will benefit the most, we need specific details and supporting documentation as part of the application process. This guide to help you gather the necessary information and stay organized throughout the process.

Please read this information carefully. If you have questions, we can be reached through our contact form at smiles4canada.ca/contact-us.

KEY DATES

Please note that every province has a limited number of application slots, so we encourage you to apply as soon as possible.

MILESTONE	KEY DATE
Application window opens	January 21, 2026
Application window closes	April 30, 2026 ¹
Review and verification of applications by administration	May – July 2026
Review by Regional Committee	August – October 2026
Decisions letters sent	Mid-November 2026
For Successful Applicants:	
Initial consultations with orthodontists	November 30, 2026 – February 28, 2027 ²
Deadline to submit \$600 administration fee	December 31, 2026 ³
Treatment start (<i>earliest date</i>)	November 30, 2026
<p>¹ Incomplete applications at the application close date will be not be considered.</p> <p>² The administration fee will be invoiced after the orthodontist confirms that an initial consultation has resulted in a treatment plan. Treatment will begin AFTER the fee is received (even if past the deadline).</p> <p>³ Unless consultation is scheduled after this date.</p>	

1.2 Application Process and Criteria

The Smiles4Canada (S4C) application review process consists of two (2) parts.

The first is a review by our administrative staff, where the applications are reviewed for completeness and that all application requirements have been met.

Once that is complete, applications are packaged for the second part of the process, where our Regional Committees carefully consider each application for:

- Financial eligibility
- Those in the most urgent need for orthodontic treatment
- Those most likely to maintain and complete treatment



If you start or have received orthodontic treatment with any orthodontic or dental professional during the application process, your application to Smiles4Canada will be cancelled, and you won't qualify for the program.

FINANCIAL ELIGIBILITY

We use the Federal Government's Low-Income Cut-Offs (LICO), as published by Statistics Canada, as the low-income criteria for the S4C program. Eligibility depends on the candidate's family size and the area they live in. See the next section (1.3 Low-Income Cut-Offs for 2026 Applications), for more details.

THOSE MOST LIKELY TO MAINTAIN AND COMPLETE TREATMENT

As we have very limited treatment spots available each year, we want to ensure that candidates/children accepted into the program have the motivation and commitment required to complete their treatment. For orthodontic treatment to succeed, patients must maintain good dental health, follow treatment plans, and commit to regular visits to their orthodontists.

The **Personal Statement** and **Personal Reference** submitted with your application helps us assess how likely your child/the candidate is to maintain and complete and benefit from their orthodontic treatment.

THOSE IN THE MOST NEED FOR ORTHODONTIC TREATMENT

Our aim is to help candidates that can benefit the most from treatment.

We review your **Digital Photos** and **Dental Examination Form** closely to help determine your child's/the candidate's treatment needs, as well as overall dental health. This is why it is important to take clear and high-resolution Digital Photos of your child's/the candidate's teeth.

1.3 Low-Income Cut-Offs for 2026 Applications

COMMUNITY SIZE	FAMILY SIZE	2024 FAMILY INCOME (AFTER-TAX)*	2023 FAMILY INCOME (AFTER-TAX)
Rural areas	1 person	17,375	16,548
	2 persons	21,148	20,141
	3 persons	26,334	25,080
	4 persons	32,851	31,287
	5 persons	37,409	35,628
	6 persons	41,489	39,513
	7 or more person	45,567	43,397
Population Under 30,000	1 person	19,885	18,938
	2 persons	24,204	23,051
	3 persons	30,136	28,701
	4 persons	37,598	35,808
	5 persons	42,814	40,775
	6 persons	47,481	45,220
	7 or more person	52,149	49,666
Population 30,000 to 99,999	1 person	22,182	21,126
	2 persons	27,000	25,714
	3 persons	33,619	32,018
	4 persons	41,943	39,946
	5 persons	47,762	45,488
	6 persons	52,970	50,448
	7 or more person	58,176	55,406

* The 2024 Federal Low Income Cut-Off has not yet been released as of the 2026 Smiles4Canada Application open date, therefore these numbers are an estimate. Numbers/LICO criteria may change accordingly once Statistics Canada releases their 2024 LICO thresholds.

COMMUNITY SIZE	FAMILY SIZE	2024 FAMILY INCOME (AFTER-TAX)*	2023 FAMILY INCOME (AFTER-TAX)
Population 100,000 to 499,999	1 person	22,464	21,394
	2 persons	27,339	26,037
	3 persons	34,043	32,422
	4 persons	42,473	40,450
	5 persons	48,363	46,060
	6 persons	53,636	51,082
	7 or more person	58,908	56,103
Population 500,000 and over	1 person	26,562	25,297
	2 persons	32,327	30,788
	3 persons	40,255	38,338
	4 persons	50,220	47,829
	5 persons	57,186	54,463
	6 persons	63,421	60,401
	7 or more person	69,656	66,339
* The 2024 Federal Low Income Cut-Off has not yet been released as of the 2026 Smiles4Canada Application open date, therefore these numbers are an estimate. Numbers/LICO criteria may change accordingly once Statistics Canada releases their 2024 LICO thresholds.			

2.0 How to Apply



2.1 Getting Started

This section will guide you through the application process and provide important tips and relevant background to help you gather the necessary information and documents. Before you begin your application online, we recommend you read through the section to ensure you have a good understanding of the application requirements.

Below is a quick checklist of documents you should prepare ahead of time, to make your online application process a smooth experience.



Every province has a limited number of application slots, so we encourage you to get started on your application as soon as possible. There are several documents that typically require some time to collect or prepare.

DOCUMENT	FOR MORE INFORMATION
For Each Child:	
Proof of Age Document	See p. 13
Candidate Statement	See p. 18
Digital Photos	See p. 17
Dental Examination Form (<i>from dentist</i>)	See p. 18
Reference Letter	See p. 18
For Each Parent/Guardian:	
2024 Notice of Assessment	See p. 20
2024 T1	See p. 20
2023 Notice of Assessment	See p. 20
2023 T1	See p. 20
Separation Agreement (<i>if applicable</i>)	See p. 14
Guardianship Court Order (<i>if applicable</i>)	See p. 14

2.1.1. QUALIFYING QUESTIONS 1

The application starts with a few qualifying questions that determine if you meet the basic criteria for eligibility. Start by answering these questions before you start gathering other supporting documentation.

Go to smiles4canada.ca/apply to begin your application.

Smiles4Canada – 2024 Application

Save & Return

Create an account to save your work and return to an application in progress.

Log in

What Province do you live in? *

What year was your child born? *

What size community do you live in? *

☐ Rural areas outside Census Agglomeration (CA) or Census Metropolitan Area (CMA)

☐ City/Town (CMA/CA) – Population under 30,000

☐ City/Town (CMA/CA) – Population 30,000 to 99,999

☐ City/Town (CMA/CA) – Population 100,000 to 499,999

☐ City/Town (CMA/CA) – Population 500,000 and over

☐ I'm not a robot

reCAPTCHA

Privacy - Terms

Application Question

What Province do you live in?
What year was your child born?
What size community do you live in?

How do I determine if I live in a city or a rural area?

If you live in a community (city or town) where services such as water, solid waste disposal, road maintenance, etc. are organized by a central government or organizing body, typically managed out of a City- or Town-hall, you likely live in a CMA/CA.

→ Select the drop down item in “City/Town (CMA/CA)” that reflects the population size of your City or Town.

If you live in a community where solid waste disposal, road maintenance, etc., is managed by a regional body that services a large geographic area, you likely live in what Statistics Canada considers a rural community.

→ Select “Rural areas outside Census Agglomeration (CA) or Census Metropolitan Area (CMA)” as your answer.

Application Question

What is the size of your family unit?

What is my family size?

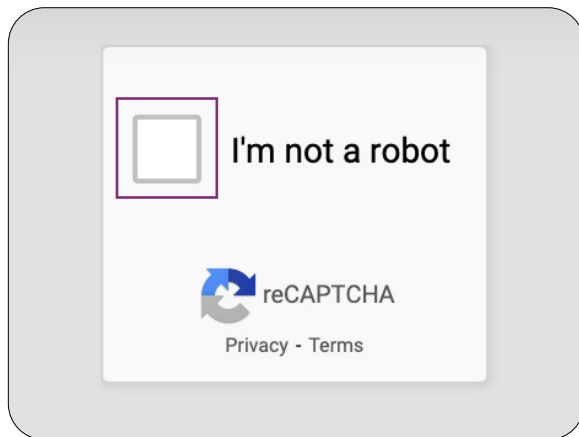
A 'family' according to Statistics Canada includes, a parent, their partner (if applicable), and any children (adopted or biological) who live together in one home. Grandchildren living with their grandparent(s), with no parents present, are considered a 'family'.

→ Count the number of people in your family based on the above definition, and select the dropdown option that applies.

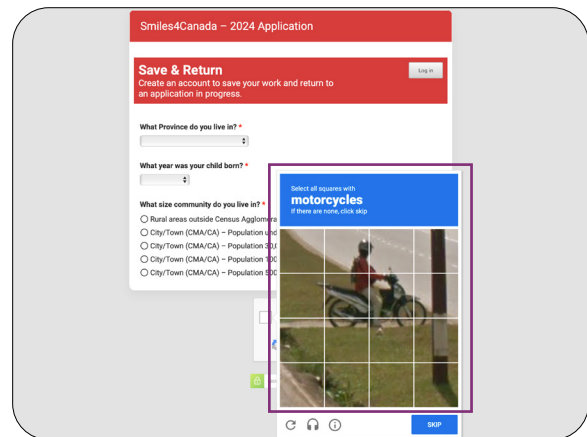
Application Question

I'm not a robot

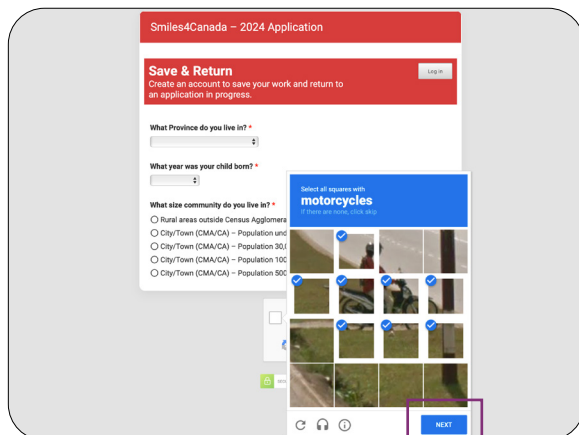
How do I complete the reCAPTCHA box?



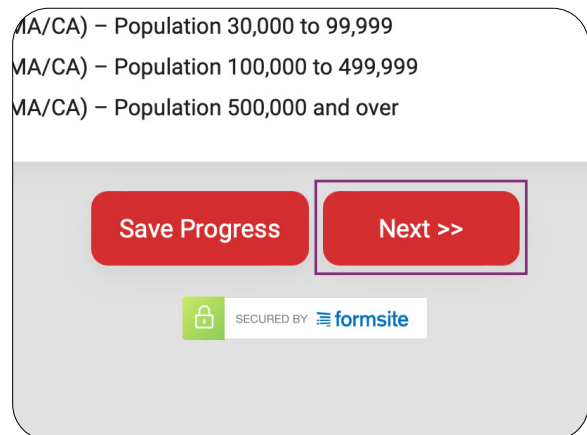
1. Click the checkmark box



2. Select the squares that match the challenge title



3. Click the "Next" button



4. Once you have successfully completed the reCAPTCHA challenge, click the "Next>>" button

You should advance to the next set of qualifying questions; however, you may receive one (1) of three (3) responses if you are ineligible to continue your application:

APPLICATION RESPONSES
<p>Not Eligible for S4C – Province Closed</p> <p>Thank you for your interest in the Smiles4Canada program. Unfortunately, we have reached our application limit for [province].</p> <p>We understand this is not the result you hoped for, but we encourage you to apply again early in 2027. Application dates for 2027 will open in late January 2027. Please visit our website again in January 2027 for program updates and 2027 application criteria.</p>
<p>Not Eligible for S4C – Child Age</p> <p>Thank you for your interest in the Smiles4Canada program.</p> <p>Unfortunately, your child is not within our age range criteria of 7 years old to 14 years old (18 years old in Manitoba).</p> <p>We understand this is not the result you were hoping for. If your child is under the age of 7, we encourage you to apply again when they have reached the minimum age.</p> <p>Applications typically open in late January. Please visit our website again in January, the year your child turns 7, for relevant program updates and application criteria.</p>
<p>Not Eligible for S4C – Child Age & Province Closed</p> <p>Thank you for your interest in the Smiles4Canada program.</p> <p>Unfortunately, your child is not within our age range criteria of 7 years old to 14 years old (18 years old in Manitoba). Additionally, we have also reached our application limit for [province].</p> <p>We understand this is not the result you were hoping for. If your child is under the age of 7, we encourage you to apply again when they have reached the minimum age.</p> <p>Applications typically open in late January. Please visit our website again in January, the year your child turns 7, for relevant program updates and application criteria.</p>

2.1.2. QUALIFYING QUESTIONS 2

Application Question
<p>In 2024, did you earn more than \$#####?</p>
<p>Do you currently have a signed contract with an Orthodontist or other dental professional for Orthodontic treatment?</p>

→ Click the “Next>>” button

Depending on your responses to the qualifying questions, you will be eligible for consideration and will advance to the next stage of the application – “Child/Candidate Information”.



If you are eligible to apply, you should begin collecting the required documents and information.

If you are not eligible for consideration, you will receive one (1) of the three (3) responses below:

APPLICATION RESPONSES
<p>Not Eligible for S4C – Income</p> <p>Thank you for your interest in the Smiles4Canada program. Unfortunately, your income is above the Low-Income Cut-Off for your area and you are not eligible for consideration.</p> <p>We understand this is not the result you were hoping for, but our program is intended to aid those who are unable to access critical orthodontic care on their own. Should your income status change this year, we encourage you to apply again in 2027.</p>
<p>Not Eligible for S4C – In Treatment</p> <p>Thank you for your interest in the Smiles4Canada program. Unfortunately, since your child has already started orthodontic treatment, you are not eligible for consideration.</p> <p>We understand this is not the result you were hoping for; however, our program is intended to aid those who are unable to access critical orthodontic care on their own.</p>
<p>Not Eligible for S4C – Income and In Treatment</p> <p>Thank you for your interest in the Smiles4Canada program. Unfortunately, since your child has already started orthodontic treatment and your income is above the Low-Income Cut-Off for your area, you are not eligible for consideration.</p> <p>We understand this is not the result you were hoping for; however, our program is intended to aid those who are unable to access critical orthodontic care on their own.</p>

2.2 Child/Candidate Information

In this section, we’ll go over information about your child/the candidate and your family that you’ll need.

2.2.1. BASIC INFORMATION

Application Question

First Name
Last Name
Preferred Name <i>(optional)</i>
Preferred Pronouns <i>(optional)</i>
Date of Birth
Upload birth certificate or government proof of age <i>(e.g. passport, Canadian immigration document, Canadian health card showing date of birth)</i>

What documents can I use as proof of age?

Documents issued by a Government within Canada is preferred (Federal or Provincial). If a Canadian Government document is not available, then an international Passport is acceptable.

The submitted document must show the Child/Candidate’s name as submitted along with their date of birth.

Application Question

Street Address/Address Line 2
City
Province/Territory
Postal Code
Phone Number
Email Address
How many years has the candidate/child lived at this address?

Application Question

Number of children in the candidates' family, including the candidate/child?

(Children are persons 18 years old and younger)

Number of parents and/or guardians in the candidate/child's family?

What best describes the parent/guardian relationship?

Do I need additional documents to support my parent/guardian relationship with my child/the candidate?

If you selected "Divorced", "Separated", or "Remarried", your separation agreement, including any applicable child support agreements, must be provided. Please upload these documents under the question below – a PDF is preferred (or you can upload up to 10 images), please ensure every page is clear and readable:

REQUIRED DOCUMENT

Please upload:

Separation Agreement Document *(must include applicable child support agreement)*

If you selected "Legal Guardian", you will need provide a copy of the guardianship court order, which can be uploaded under the question below – a PDF is preferred (or you can upload up to 10 images), please ensure every page is clear and readable:

REQUIRED DOCUMENT

Please upload:

Guardianship Court Order

Application Question

Does the non-custodial parent pay child support?

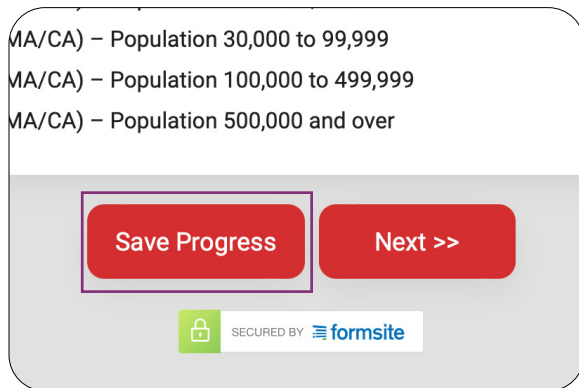
Are you a Status Indian?

If yes, please provide your Band ID

SAVE YOUR PROGRESS!


Since you may need to return to this application once you have additional required information, we recommend you save your progress. Saving your progress means you won't have to re-enter information when you return to complete your application.

Follow these steps to setup an account and save your progress:

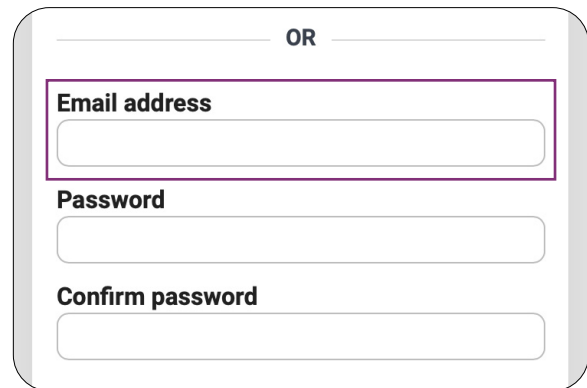


MA/CA) – Population 30,000 to 99,999
MA/CA) – Population 100,000 to 499,999
MA/CA) – Population 500,000 and over

Save Progress **Next >>**

SECURED BY 

1. Click on the “Save Progress” button at the bottom of the page



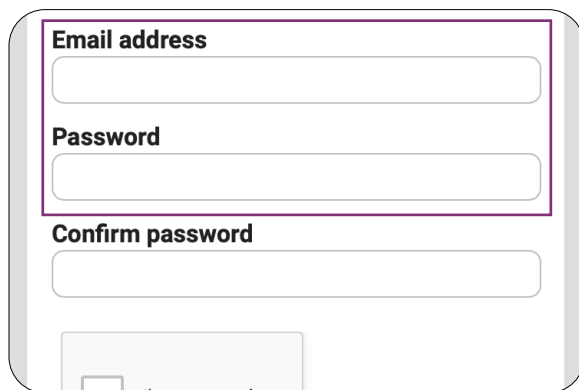
OR

Email address

Password

Confirm password

2. Enter your email address (we recommend using the same address you're applying with)

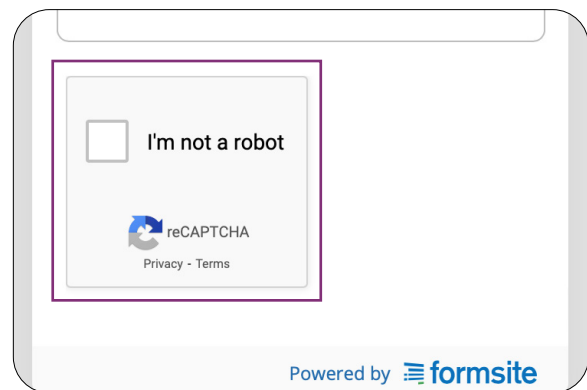


Email address


Password


Confirm password

3. Create and Confirm your password (do not lose this password)

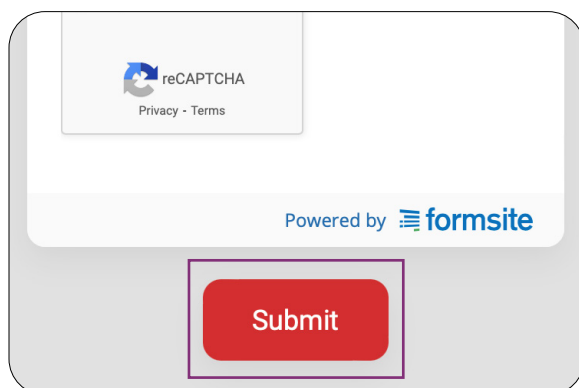



I'm not a robot


 reCAPTCHA
Privacy - Terms

Powered by 

4. Complete the reCAPTCHA prompts



 reCAPTCHA
Privacy - Terms

Powered by 

Submit

5. Click the “Submit” button

2.2.2. SUPPORTING DOCUMENTS

The following supporting documents take some time to prepare, so we recommend you get started on gathering these documents as early as possible. Please read the following sections and follow the instructions carefully to meet the photo and document requirements.

Here’s a summary of the documents we’ll cover in this section:

DOCUMENT	MUST BE PREPARED/COMPLETED BY
Digital Photos	Parent/Guardian
Dental Examination Form	A qualified Canadian dentist
Reference Letter	An adult non-relative (e.g. a teacher, principal, social leader) Cannot be a relative or guardian of the candidate.
Candidate Statement Form	Handwritten by Child/Candidate, in English.

2.2.2.1. Digital Photos

We require these 6 photos to help us evaluate the severity of the dental problems. These can be taken with any digital or phone camera. Descriptions of the 6 necessary images are below.

These images must be uploaded with your application. Below are samples of the types of photos we require. Please note: you must send full-size, clear, well lit images as part of your application. Applications submitted with only printed photos will not be reviewed. X-rays and/or orthodontic scans are not necessary.



PHOTO #1

Portrait from the front with lips at rest



PHOTO #4

Photo of the teeth from the front with the teeth together fully, while biting on the back teeth (You may use your fingers to help move the lips out of the way. The lips and cheeks must not obstruct the view of the teeth)



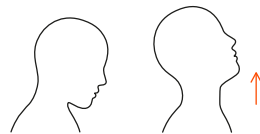
PHOTO #2

Portrait photo from the front with a smile showing teeth



PHOTO #5

Photo of the upper teeth from the front with the mouth wide open (You may use your fingers to help move the lips out of the way. The lips and cheeks must not obstruct the view of the teeth)



Tip: Tilt child's head back when taking this photo.



PHOTO #3

Profile photo from the side with the lips at rest



PHOTO #6

Photo of the lower teeth from the front with the mouth wide open (You may use your fingers to help move the lips out of the way. The lips and cheeks must not obstruct the view of the teeth)



Tip: Tilt child's head down when taking this photo.

2.2.2.2. Dental Examination Form

To help us determine your child's orthodontic needs, we need to understand their current and past dental health. To get this information, we need your child's dentist to complete a form based on a recent exam (performed after November 1, 2025) and share some basic dental health details with us.

Please be aware that your dentist may charge for completing this form. You will need to upload a scan or photo of the form with the application.

Once complete, your dentist should send the PDF to you for submission with your application.

2.2.2.3. Personal Reference Letter

The personal reference helps us assess your child's/the candidate's motivation, general character, and willingness to persevere and cooperate with a long treatment process.

The reference must be from an adult who is not related to your child, but who knows them well. This might be a teacher, principal, coach, social worker, pediatrician, family doctor, or religious leader. The reference should be scanned or photographed and uploaded with the application. This information will be used in evaluating the application but will not be shared with the treating orthodontist.

We have a personal reference guide that describes the purpose of the letter and details the requirements for the letter.

2.2.2.4. Candidate Statement Form

We want your child's treatment to be successful, and an important part of that success is their motivation – the more emotional investment your child has in the treatment, the greater the likelihood they will work cooperatively with the orthodontist and see it through to completion. In this form, we ask your child to share with us his/her reasons for receiving treatment and goals for the treatment.

This form must be handwritten and answered by the candidate.

You can connect your dentist to the required Smile4Canada Dental Examination Form with the following URL or QR code:

smiles4canada.ca/forms/dentalexam



To ensure the reference letter meets the application requirements, please connect your reference to this resource with the following URL or QR code:

smiles4canada.ca/forms/reference



You can access the Candidate Statement form with the following URL or QR code:

smiles4canada.ca/forms/candidatestatement



2.3. Parent(s)/Guardian(s)

Smiles4Canada is a program that helps lower-income families. To qualify for the program, your family income after taxes in the past two years must be below a certain level (i.e. the Federal Low-Income Cut-Offs). To show your income, please provide details for all parents or guardians of the child, along with copies of their 2023 and 2024 Canada Revenue Agency (CRA) Notice of Assessment and Full Tax Return (the CRA T1 General Form).

This information will only be used to evaluate your application and will not be shared with the orthodontist who will treat your child.

2.3.1. INFORMATION

We require information for each parent and/or guardian of the child/candidate. If there is only one parent applying (Widowed or Single/Never Married) or you are the sole guardian of the child/candidate, then only information for one parent/guardian is required.

Application Question

First Name
Last Name
Relationship to candidate/child
Phone Number
Email Address
Address same as candidate/child's
Please complete the following field if the parent/guardian's address is not the same as the candidate/child's:
Street Address
Address Line 2
City
Province/Territory
Postal Code

2.3.2. SUPPORTING FINANCIAL DOCUMENTS



Please ensure your Social Insurance Number (SIN) is redacted/covered before submitting your NOAs and T1s with your S4C application. We do not require your SIN for our review.

NOTICE OF ASSESSMENT – 2024 & 2023

You can download PDF copies of your Notice of Assessments (NOA) from your ‘CRA My Account’ online. For more information, visit: canada.ca/myaccount

- Select “CRA My Account” to log in and retrieve your Notice of Assessment.

Canada Revenue Agency Government of Canada / Gouvernement du Canada

Notice of assessment

Notice Details

Address: TENANT NAME
123 MAIN ST
MUSKOKA ON X1X 2X2

Social Insurance Number: XXX XXX 123 **Tax Year:** 2019

Date Issued: Apr 14, 2020

Access code: 55X555XXX

We assessed your 2019 income tax and benefit return and calculated your balance.

You have a refund of **\$463.12**.

We will deposit your refund into your bank account.

Thank you,
Bob Hamilton
Commissioner of Revenue

Account summary

You have a refund in the amount shown below.

Refund: \$463.12

Tax assessment

We calculated your taxes using the amounts below. The following summary is based on the information we have or you gave us.

We may review your return later to verify income you reported or deductions or credits you claimed. For more information, go to canada.ca/taxes-reviews. Keep all your slips, receipts, and other supporting documents in case we ask to see them.

T1 GENERAL – 2024 & 2023

A copy of your full T1 General tax return should have been provided to you by your tax preparer. Please contact your tax preparer for a copy of your T1 Generals if you do not have them on file.

We require the entire T1 General document.

T1 GENERAL 2011
Income Tax and Benefit Return

Identification

Attach your personal label here. Correct any wrong information. If you are not attaching a label, print your name and address below.

First name and initial: _____

Last name: _____

Mailing address: Apt No. — Street No Street name _____

PO Box _____ RR _____

City _____ Prov./Terr. _____ Postal code _____

Information about your residence

Enter your province or territory of residence on December 31, 2011: _____

Enter the province or territory where you currently reside if it is not the same as your mailing address above: _____

If you were self-employed in 2011, enter the province or territory of self-employment: _____

If you became or ceased to be a resident of Canada for income tax purposes in 2011, enter the date of: _____

entry Month Day or departure Month Day

Information about you

Enter your social insurance number (SIN). If it is not on the label or if you are not attaching a label: _____

Enter your date of birth: _____

Your language of correspondence: English French

Marital status

Tick the box that applies to your marital status on December 31, 2011:

1 ☐ Married 2 ☐ Living common-law 3 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 6 ☐ Single

Information about your spouse or common-law partner (if you ticked box 1 or 2 above)

Enter his or her SIN if it is not on the label or if you are not attaching a label: _____

Enter his or her first name: _____

Enter his or her net income for 2011 to claim certain credits: _____

Enter the amount of Universal Child Care Benefit (UCCB) from line 117 of his or her return: _____

Enter the amount of UCCB repayment from line 213 of his or her return: _____

Tick this box if he or she was self-employed in 2011: ☐

Person deceased in 2011

If this return is for a deceased person, enter the date of death: _____

Do not use this area

Elections Canada (see the Elections Canada page in the tax guide for details or visit www.elections.ca)

A) Are you a Canadian citizen? Yes ☐ 1 No ☐ 2

Answer the following question only if you are a Canadian citizen.

B) As a Canadian citizen, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada to update the National Register of Electors? Yes ☐ 1 No ☐ 2

Your authorization is valid until you file your next return. Your information will only be used for purposes permitted under the Canada Elections Act, which include sharing the information with provincial/territorial election agencies, members of Parliament and registered political parties, as well as candidates at election time.

Goods and services tax/harmonized sales tax (GST/HST) credit application

See the guide for details.

Are you applying for the GST/HST credit or the Ontario Sales Tax Credit? Yes ☐ 1 No ☐ 2

Do not use this area 172 _____ 171 _____

5006-R

2.4. Additional Information

This section provides us with additional information to consider along with your application. Below is a list of questions to expect.

Application Question

Do you have any Orthodontic Insurance?
If yes, please provide the name of Insurer:
Have you applied to other programs?
If yes, please specify which program:
Have you been accepted to other programs?

What if I haven’t heard back from the other programs?

→ Select “Still Waiting”

Application Question

Has your child had a consultation with an Orthodontist?
If yes, please provide name of the Orthodontist:
Has your child received any previous Orthodontic treatment? (e.g. Phase 1/Expanders, etc.)
If yes, what treatment did they receive?
Who performed the treatment? (Orthodontist’s or Dentist’s name)
Has anything happened in 2025 to change your family income?
If yes, please provide a short explanation:
Do you own or rent your residence?
If own, what is the current market value of your residence?
What years did you previously apply to Smiles4Canada? Check all that apply:
Additional Notes – Please add any additional non-financial related comments here: (50 words or less)
How did you hear about Smiles4Canada?

2.5. Program Rules, Expectations, and Release

Successful Orthodontic treatment requires a significant amount of patient and family cooperation. This form outlines the rules of the program and some of the expectations of treatment.

The parent/guardian submitting this form must read and initial each point to signify agreement with each point before the application will be considered.

PROGRAM RULES
<p>1) Smiles4Canada covers the cost of orthodontic treatment only.</p> <p>Other dental treatment may be required for the orthodontics to be completed. This may include cleanings, fillings, extractions, gum surgery, root canals, or jaw surgery.</p> <p>Smiles4Canada does not cover the cost of these other dental procedures. You and the patient agree to undertake the necessary treatment so that orthodontic treatment can proceed.</p> <p><i>(Type initials below to confirm you have read and understand)</i></p>
<p>2) Orthodontic treatment can only be completed in the presence of ideal oral health. The patient is expected to maintain regular appointments with his/her general dentist and to comply with any treatment recommended by his/her general dentist.</p> <p><i>(Type initials below to confirm you have read and understand)</i></p>
<p>3) The patient is expected to keep his/her mouth clean during orthodontic treatment. This reduces the risk of cavities and gum problems.</p> <p>If the treating orthodontist does not believe the mouth is being kept clean enough, treatment will be stopped, and the braces will be removed.</p> <p><i>(Type initials below to confirm you have read and understand)</i></p>
<p>4) The patient is expected to see his/her orthodontist regularly. This allows treatment to progress and reduces the risk of unwanted tooth movement.</p> <p>If the treating orthodontist finds the patient is not attending regular appointments, treatment will be stopped, and the braces will be removed.</p> <p><i>(Type initials below to confirm you have read and understand)</i></p>
<p>5) The patient is expected to follow the orthodontist's recommended treatment. The patient may be expected to wear rubber bands/elastics to help fix the position of his/her teeth.</p> <p>If the treating orthodontist does not believe the patient is wearing the rubber bands/elastics as required, treatment will be stopped, and the braces will be removed.</p> <p><i>(Type initials below to confirm you have read and understand)</i></p>

PROGRAM RULES

6) The orthodontic office will make other recommendations regarding keeping the mouth healthy and clean, foods and drinks to avoid, emergencies with the braces, and appointment schedules.

The patient agrees to follow all of the recommendations and policies of the orthodontic office.

(Type initials below to confirm you have read and understand)

7) The patient will be expected to wear retainer(s) following orthodontic treatment. If the retainer(s) are not worn as recommended by the orthodontist, the teeth will shift back to their original positions. The patient agrees to wear the retainer(s) as recommended by the orthodontist.

(Type initials below to confirm you have read and understand)

8) The treatment provided through Smiles4Canada includes the cost of one set of retainer(s).

If the retainer(s) are damaged or lost, or simply wear out over time, a replacement set of retainer(s) will be required. There will be an additional cost for any replacement retainer(s).

(Type initials below to confirm you have read and understand)

9) The orthodontic treatment will be provided by one orthodontic office. If the patient moves and is no longer able to visit the original office, Smiles4Canada may attempt to find another orthodontic office to complete the treatment; however, Smiles4Canada cannot guarantee that a new office will be found.

If Smiles4Canada cannot find an orthodontist to complete the treatment, the patient will be responsible for finding his/her own way to complete the treatment, including any costs involved.

(Type initials below to confirm you have read and understand)

10) The patient will be expected to complete a short report at the end of his/her treatment, outlining how orthodontic treatment has helped him/her.

The patient agrees to complete the report within 3 months of the completion of treatment.

(Type initials below to confirm you have read and understand)

11) I, the parent/guardian of the candidate, confirm the information provided in this application is accurate and complete. The application fully discloses all sources of financial support for the candidate and the family, and all relevant health information relating to the candidate.

(Type initials below to confirm you have read and understand)

12) If the candidate is accepted for treatment, I, the parent/guardian of the candidate, agree to pay a one-time administrative fee of \$600 before treatment is commenced. I understand that treatment will not take place until this fee is paid in full and that, once treatment has commenced, the fee will not be refunded under any circumstances whatsoever. This includes if the braces are removed early for any of the reasons mentioned above.

(Type initials below to confirm you have read and understand)

PROGRAM RULES

13) If the applicant is accepted for treatment, I, the parent/guardian of the applicant, consent to the use of his/her name, case history, and testimonial to help promote the program. This may include postings on the program's website and/or other promotional materials. Images may be requested with further parental consent.

(Type initials below to confirm you have read and understand)

14) If there are more than one parents/guardians, I, the parent/guardian of the applicant certify that I have discussed this application with the other parent(s)/guardian(s) and that they have consented to submission of this application.

(Type initials below to confirm you have read and understand)

15) I, the parent/guardian of the candidate, recognize and acknowledge that if we undertake paid orthodontic treatment for the candidate with any orthodontic or dental professional, our application to Smiles4Canada will be invalidated and will not be eligible for the program.

(Type initials below to confirm you have read and understand)

16) By signing this form, you confirm that you do not have access to any orthodontic insurance from any source to help cover orthodontic treatment or any portion of thereof.

(Type initials below to confirm you have read and understand)

17) By signing this form, you consent to act as the primary contact between Smiles4Canada and the candidate. Other family members who may attempt to communicate with Smiles4Canada will not receive a response.

(Type initials below to confirm you have read and understand)

18) By signing this form, you confirm that the family does not have the financial resources to afford treatment and that they have no way to proceed with treatment unless they are accepted into the program.

(Type initials below to confirm you have read and understand)

19) I accept that any false statements in this application will result in expulsion from the program at any time.

(Type initials below to confirm you have read and understand)

20) If you are accepted into the program, you must reach out to the assigned orthodontist within two (2) weeks from the date you receive your acceptance letter. If you do not make contact within this timeframe, it will be deemed as "abandonment," resulting in your automatic removal from the program. Please note that you will not be permitted to reapply for this child or any of your other children in the future.

(Type initials below to confirm you have read and understand)

21) I, [first name] [last name], confirm that I have read and agree to all Program Rules/Treatment Expectations.

(Check Tick Box Below)



Thank you for applying for Smiles4Canada.

If you have completed your application successfully a decision letter will be sent to you in mid-November 2026.

For more information about the program or frequently asked questions visit smiles4canada.ca.