**ORTHODONTIC CARE AGREEMENT FORM**

Orthodontic care is considered a specialty service beyond the basic health that Job Corps provides. Consequently, no student is admitted to Job Corps wearing fixed orthodontic appliances of any kind unless **PRIOR** arrangements are made regarding the applicant’s treatment. Approved leaves for orthodontic treatment are subject to staff authorization and must be accomplished within the Job Corps approved leave limitations.

Please enter the following information to the best of your ability. The ID number, if applicable, is entered by the Admissions Counselor (AC).

**Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If the applicant is transferring to a new orthodontist upon relocation and enrollment in Job Corps, the applicant must furnish proof that a new orthodontist has agreed to take the case **BEFORE** the application can be approved. If the applicant is unable to furnish this information, the application will be delayed until the process is completed.

*In the “Current Orthodontist” section below, please enter the information of your current orthodontist. If you will have a different orthodontist while enrolled in Job Corps and you have already made tentative arrangements, enter the information of the orthodontist under “New Orthodontist”.*

**SECTION A: TO BE COMPLETED BY APPLICANT**

*Current Orthodontist* *New Orthodontist*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Completion of the section below constitutes proof of a treatment plan.*

**SECTION B: TO BE COMPLETED BY ORTHODONTIST OF RECORD**

How often are appointments required?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can visits be scheduled after 4:00PM or on Saturdays? 🗆 Yes 🗆 No

How much longer is treatment expected to take?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the date of the applicant’s last visit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of missed appointments in the past 6 months: \_\_\_\_\_\_\_\_\_\_\_\_

Financial Guarantor/Payer Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Orthodontist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Over)**

**AGREEMENT FOR ENROLLMENT WITH BRACES**

*By signing the agreement below, the applicant (or the parent/legal guardian in the case of minors), is stating that he/she has read and understood the relevant information and will follow the plan for minimizing absences.*

I understand that Job Corps cannot accept responsibility for orthodontic care. Students with braces are expected to remain in active care (make and keep orthodontic appointments) until the orthodontic treatment plan is completed or have the orthodontic appliances removed at students’ expense. Students (or the parent/legal guardian in the case of minors) will be responsible for all costs involved, including transportation costs. Students must request orthodontic appointments in advance and in accordance with Job Corps’ approved leave criteria and limitations. Students (or the parent/legal guardian in the case of minors) are responsible for providing the method of transportation to and from orthodontic appointments. When travel is involved, appointments must be scheduled to minimize missed classes and training (e.g., afternoons after the training day, weekends, or during vacation breaks). Students with braces are expected to keep all their basic oral care appointments for treatment if they are diagnosed with dental and gum disease.

*The applicant (or the parent/legal guardian in the case of minors) must complete the confirmation of projected absences based upon the orthodontic treatment plan by entering the projected number of hours of leave to be taken and how often leave will need to be taken during the enrollment period. This form also allows the center wellness or dental staff to directly contact your treating professional, only when necessary, concerning your basic oral health care needs. This consent is limited to the length of time you are enrolled and receiving services from an outside provider.*

**Confirmation of projected absences:**

Number of hours of leave to be taken each appt time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read, understand, and concur do not concur, with the statement(s) above.**

 *check one box*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Minor’s Parent/Legal Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Admission Counselor (AC) Date AC received completed form