



1014 Franklin St. SE | Suite 1225  
Grand Rapids, MI 49507-1327  
(616) 243-1919

A subsidiary of [Operation Resources, Inc.](#)  
a 501(c)(3) Non-Profit Organization

Children's Dental Resources gifts are a maximum of \$500.00 per child, per year. A child will be categorized as an individual covered under their parent's dental insurance. A parent can re-apply for their child multiple years. The gift is for the child only, it is non transferable. Each child has to have a separate application. Gifts are given as money is available. Applicants are considered on a first come first serve bases, and gifts are decided at Children's Dental Resources discretion. The household income must be less than \$36,000 year. Children's Dental Resources may require verification of income requesting a copy of a tax return. Applicant's parent must submit application with the **INSURANCE COMPANY'S** predetermination.

"Healthy Teeth Make a Happy Child"





## Guidelines

- Gift is for applicant's child only, non transferable.
  - Each child has to have a separate application.
  - Gifts are given as money is available.
  - Applicants are considered on first come first serve bases, and are decided at Children's Dental Resources discretion.
  - There is a \$500.00 maximum gift allowance per child, per year.
  - A child will be categorized as an individual covered under their parent's dental insurance.
  - A parent can reapply for their child multiple years.
  - Household income less than \$36,000 year.
  - Children's Dental Resources may require verification of income requesting a tax return.
  - Applicant must submit application with the **INSURANCE COMPANY'S** predetermination.
  - If for any reason the child's insurance is not valid at the time of treatment, **the entire gift is void and no funds will be issued.**
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# Children's DENTAL RESOURCES

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Parents Name \_\_\_\_\_

Household Income \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Mailing Address (if different from above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Night Phone \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

\_\_\_\_\_

Parents Signature

(By signing this application I agree to the terms and conditions of this gift and have attached the Insurance Company's Predetermination.)

"Healthy Teeth Make a Happy Child"

