

Parents, do you know?

- The need for oral health care is one of the greatest unmet needs among children.
- An estimated 51 million school hours per year are lost due to dental-related illness.
- Early tooth loss caused by dental decay can result in failure to thrive, impaired speech development, absence from and inability to concentrate in school, and reduced self-esteem.
- Children who take a test while they have toothaches are unlikely to score as well as those children who are undistracted by pain.
- Poor oral health has been related to decreased school performance, poor social relationships, and less success later in life.
- When children's acute dental problems are treated and they are not experiencing pain, their learning and school attendance records improve.

Join the



Today!



CORNERSTONE CARE LOCATIONS

COMMUNITY HEALTH CENTER OF BURGETTSTOWN
1227 Smith Township State Road, Burgettstown, PA 15021
724-947-2255
724-947-2251 (Dental)

COMMUNITY HEALTH CENTER OF GREENSBORO
7 Glassworks Road, Greensboro, PA 15338
724-943-3308

COMMUNITY HEALTH CENTER OF MT. MORRIS
120 Locust Avenue Extension, Mt. Morris, PA 15349
724-324-9001

COMMUNITY HEALTH CENTER OF ROGERSVILLE
140 Church Street (Suite 102), Rogersville, PA 15359
724-499-5188

COMMUNITY HEALTH CENTER OF WASHINGTON
FAMILY PRACTICE CENTER AND PEDIATRIC CENTER
400 Jefferson Avenue, Washington, PA 15301
724-228-1089 (Medical)
724-228-7400 (Pediatrics)

COMMUNITY DENTAL CENTER OF UNIONTOWN
140 North Beeson Avenue (Suite 400)
Uniontown, PA 15401
724-439-8170 (Dental)

DENTAL & BEHAVIORAL HEALTH CENTER OF WAYNESBURG
501 West High Street, Waynesburg, PA 15370
724-852-1001 (Dental)
724-627-4309 (Psychiatry & Counseling)

PEDIATRIC CENTER OF WAYNESBURG
236 Elm Drive, Waynesburg, PA 15370
724-627-0926

MOBILE COMMUNITY HEALTH CENTER
724-852-1001 (Dental)
724-228-1089 (Medical)



For more information call (724) 852-1001



www.CornerstoneCare.com



JOIN NOW!



**CORNERSTONE
CARE**
COMMUNITY HEALTH CENTERS

"Foundation for a Healthy Future"

Your Partners in Health Care



Cornerstone Care is working to improve the oral health of children residing in Greene, Fayette, and Washington Counties.

Join us in the fight against cavities and oral health disease.

Register your child today for the **Smile for Life Kid's Club** and give them a Smile for Life!

INTRODUCING THE TOOTH TWINS



Tami and Tommy Smiley, the Tooth Twins, are the Smile for Life mascots who visit area schools and appear at local community events such as parades, festivals and fairs.

WHO IS ELIGIBLE TO JOIN?

Child residents of Greene, Fayette, or Washington County between the ages of 1 and 17.

HOW DOES IT WORK?

Follow these easy steps for your child to be a part of the Smile for Life Kid's Club and eligible for incentives and prizes:

- Fill out the **REGISTRATION FORM** and mail it to:

Smile for Life Kid's Club
c/o Cornerstone Care
501 West High Street
Waynesburg, PA 15370

*You may enroll your child at any time prior to submitting your **DENTIST TREATMENT PLAN COMPLETION FORM**.*

- Your child will then receive a **MEMBERSHIP CARD** once their registration has been approved.
- Schedule an appointment for your child with a dentist. *If you need help finding a dentist, please call (724) 852-1001.*
- Take the **DENTIST TREATMENT PLAN COMPLETION FORM** to your child's appointment.
- Complete the services recommended by your child's dentist within 12 months.
- Ask your child's dentist to sign the **DENTIST TREATMENT PLAN COMPLETION FORM** once your child's treatment plan is complete.
- Mail the signed **DENTIST TREATMENT PLAN COMPLETION FORM** to Smile for Life at the address above.
- A **CERTIFICATE OF COMPLETION** will then be mailed to your child.

WHAT ARE MY OBLIGATIONS?

FOR CONTINUED ELIGIBILITY FOR INCENTIVES & PRIZES Send a completed **DENTIST TREATMENT PLAN COMPLETION FORM** every 6 months following your child's check-up to be eligible for the next round of award drawings.

A current **CERTIFICATE OF COMPLETION** must be received to be eligible for each drawing.



DENTIST TREATMENT PLAN COMPLETION FORM

FOR DENTIST'S OFFICE USE ONLY

First Name	Middle Init.
Last Name	
Address	
City	
State	Zip Code
Telephone () -	
Smile for Life Category	<input type="checkbox"/> Child Under the age of 5
Visit Type	<input type="checkbox"/> Initial <input type="checkbox"/> Regular 6 month check-up <input type="checkbox"/> Phase 1 Dental Treatment Plan Completed <input type="checkbox"/> Dental Treatment Plan Completed
Early Childhood Measures Completed	<input type="checkbox"/> Completed a dental exam by age 12 months <input type="checkbox"/> Completed a Phase 1 Dental Treatment Plan within 12 months of the initial exam between ages 12 to 60 months <input type="checkbox"/> Received oral health education by the age of 48 months <input type="checkbox"/> Received at least one fluoride varnish application between the ages of 12 to 60 months <input type="checkbox"/> Received a fluoride assessment document
Date of Services Received / /	
Dentist's Name and Contact Information	
Dentist's Signature	
Dentist's Telephone () -	
Date / /	

Once your child is registered, take this form to your Dentist. Once the form is completed and signed, mail it to Smile for Life.



REGISTRATION FORM

PLEASE PRINT

Name of Parent or Legal Guardian	
Name of Child	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	
City	County
State	Zip Code
Child's Date of Birth / /	
Telephone () -	
Ethnicity <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino	
Race <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> More than one race	
Type of Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Medicare <input type="checkbox"/> Uninsured <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other	
Does your child have a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you need help finding a dentist, please call (724) 852-1001.</i>	
Dentist's Name	
Dentist's Telephone () -	
<input type="checkbox"/> We understand that when participating in Smile for Life – Kid's Club activities that the registrant may be photographed for print, video, or electronic imaging and that the images may be used in promotional materials, news releases, and other published formats. We acknowledge that the images will be the sole property of Smile for Life – Kid's Club. <input type="checkbox"/> I agree to provide Smile for Life documentation of my child's dental visits and documentation that they have completed their recommended dental treatment plan.	
Parent/Guardian Signature	
Date / /	

Please complete this form, cut on the line and mail today!