



# Give Kids a Smile Day 2010 National Day: February 5th

United Way of North Central Iowa and North Iowa Community Action Organization (NICAIO) have teamed up to provide Give Kids a Smile Day in north central Iowa.

Our unique version of this program entails school screenings by Peggy Funk, dental hygienist, NICAIO. During this screening the selected students are given a dental screening, fluoride varnish and dental x-rays. The x-rays are then given to the participating dentists to help determine which uninsured/underinsured children need further treatment and should be seen on Give Kids a Smile Day.

We want to make this an easy and enjoyable process for you, but to help make things run smoothly we will need a few items from you (attached):

- Contract
- Participation Sheet
- Participant Selection
- Participant Summary
- Transportation Refund

We need your help making this day a success! Please consider being a part of this great program in 2010.

Sincerely,

Regional Coordinators  
United Way of North Central Iowa

**GIVE. ADVOCATE. VOLUNTEER.**  
**LIVE UNITED** <sup>TM</sup>



United Way  
of North Central Iowa

600 1st Street NW, Ste 102 • Mason City, IA 50401 • Phone: (641) 423-1774  
Fax: (641) 423-2221

# SCHOOL CONTRACT



School: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Whereas, my commitment is to the health and well-being of children, I hereby pledge to do my part to:

- Help to create a safe and friendly process for children
- Assist with transportation of participants - if possible
- Ensure all student forms are filled out
- Have all forms returned from students 2-3 days prior to the screening date
- Keep open communication with United Way Coordinator
- Assist in selecting the appropriate kids for the process
- Report any requirements/regulations for you to participate to United Way upon sign up
- Assist in securing a space for dental screenings to be done at the school
- Submit all paperwork to United Way of North Central Iowa as soon as possible (see attached forms for submittal)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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# PARTICIPATION SHEET



School: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Requested date and time of screening: \_\_\_\_\_

How many kids do you *expect* to participate: \_\_\_\_\_

How many kids (school wide) do you have participating in free and reduced lunch: \_\_\_\_\_

What grades will you be selecting kids from: \_\_\_\_\_

If more than one school building we prefer the screening take place in 1 location is this something that can be accommodated: \_\_\_\_\_

Will you have a room available for the screening: \_\_\_\_\_

Will you be able to assist with transportation (United Way will refund you): \_\_\_\_\_

If yes, will you be willing to transport the kids to a different town or county if no local dentist participates: \_\_\_\_\_

Please list any other requirements/regulations you have concerning Give Kids a Smile Day: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# PARTICIPANT SUMMARY



Please fill out the information below based on the forms you receive back from the students.

Date of screening: \_\_\_\_\_

Time of screening: \_\_\_\_\_

Number of Kids to be screened: \_\_\_\_\_

Number of uninsured (no insurance): \_\_\_\_\_

Number of underinsured (title IX or Hawk-i): \_\_\_\_\_

What is the age range of kids to be screened: \_\_\_\_\_

Please return this form with the completed applications for participation **at least 3 days before** the screening date.

We need to bring a lot of supplies with us for these screenings, this information will help us be fully prepared to screen your students. Having **all** of the forms returned by this deadline will help to make the process run smoothly.



# PARTICIPANT SELECTION



We are constantly looking for ways to improve the Give Kids a Smile Program and could use your help! We are starting to gather more information on how our participating schools are selecting their Give Kids a Smile participants.

This data will help us know how each of you are selecting participants and help us give ideas to schools new to the process.

Please give a short description of the method you use to selected students for the

Give Kids a Smile Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other information you feel would be helpful or any comments you may have about the Give Kids a Smile Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TRANSPORTATION  
REFUND



Please fill out the sheet below to be reimbursed for your travel costs.

School: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

<u>List the type of costs below</u>	<u>Amount spent</u>
_____	_____
_____	_____
_____	_____
Total Refund Requested:	\$ _____

Please return this form as soon as possible after your selected Give Kids a Smile Day to:

United Way of North Central Iowa  
Give Kids a Smile  
600 1st Street NW, Ste 102  
Mason City, IA 50401  
Fax: 641-423-2221

Thank you so much for your participation! We could not have done it without **YOU!**

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