



Oral Health America: Smiles Across America Product Donation Project

Sponsored in part by:

3M ESPE, Colgate-Palmolive Company, DENTSPLY International, GC America, Placontrol Inc., Plackers Flossers, PULPDENT Corporation, Trident®, Whip Mix

3M ESPE

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*****Please contact Christine if you would like this form in a Microsoft Word document*****

Oral Health America
410 North Michigan Ave, Suite 352
Chicago, IL 60611-4211
p: 312.836.9900 | f: 312.836.9986
www.oralhealthamerica.org

For additional information please contact Amanda Ciatti: Amanda@oralhealthamerica.org



Oral
Health
America

SMILES
ACROSS AMERICA®
An Oral Health America Program

Product Donation Project Report Form

Product Donation Project Reports are due within 90 days of the completed activity. For programs that are ongoing, reports are due six months from receiving the product donation, and a final report is due on August 1st of the calendar year.

Name: _____
Organization: _____
Phone: _____
E-mail: _____

PROGRAM QUESTIONS

- 1.) Please describe your program, the services you provide and how this product donation helps you fulfill your organizational mission?

- 2.) Describe how material donated by OHA and its partners has enabled your organization to serve more people.

- 3.) Are your oral health services limited to a specific time of year? If so, please explain.

- 4.) What types of locations are used for your organization's sealant program? (schools, community clinics, health fairs, dental offices, etc.)

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- 5.) Who applies sealant material and fluoride varnish to teeth and provides oral health services for your organization?
- 6.) Please describe the demographics of the people served by this project. Please include age, socioeconomic status, race/ethnicity and insured/uninsured/Medicaid and SCHIP status.
- 7.) Does your program accept Medicaid/SCHIP? If not, why? Does your program have the ability to identify and enroll children and their families into Medicaid/SCHIP programs for your State?
- 8.) Please provide the total number of children served to date & the estimated amount you plan to reach this school year.

Services	Total To Date	Estimate this School Year
Total number of children served		
Number of children receiving sealants		
Total number of teeth sealed		
Number of children received fluoride varnish treatments		
Number of prophys performed		
Number of Uninsured children served		
Number of CHIP/Medicaid children served		
Number of Private Insurance children served		

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PRODUCT QUESTIONS

9.) When did your organization receive product from Oral Health America (OHA)?

10.) Please summarize the amount of products you have received.

Product	Quantity
Resin Sealant	
Glass Ionomer Sealants	
Fluoride Varnish	
Toothpaste	
Toothbrushes	
Trident® Gum	
Plackers Flossers	
Other:	
Other:	

Sharing stories with our corporate donors is essential! These stories help them connect how their efforts are helping at the local community level. Please attach any personal stories, press materials, photos, news articles and/or other collateral materials (including online) that OHA can share with our constituents and other SAA partners via mail or e-mail.

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