GIVE KIDS A SMILE® "ACTUAL" DATA COLLECTION FORM

Important Note: *We can help more kids if you help us with this information.* Data collection following your event is essential to our development of accurate reports that will help us continue the national GKAS program. The data that is collected prior to and after a GKAS event is used to highlight to policymakers and supporters the on-going challenges that underserved children face in accessing oral health care. This data collection form is designed to assist you in identifying the data elements that programs should collect and share with those entities that make decisions about GKAS and the access to care issue. We need your help! It is critical that after your GKAS event, you please return to the GKAS sign-up system and enter your "actual" event numbers. Thank you!

✓ Screening Event

Event Information

Event Name: _____ **City**: _____ **State**: _____

Event Contact Person: _____ **Email Address:** _____

I agree that my event information can be share with the public. **Yes** □ **No** □

Children Information

Number of children: _____

Gender of children: Female _____ Male _____ Gender Unknown _____

Race/Ethnicity of children: White _____ Black _____ American Indian _____ Asian _____

Islander _____ Hispanic Latino _____ Other _____ Race Unknown _____

Total number of children: _____

Does your GKAS event treat patients with special needs? Yes □ No □

Number of children with private insurance: _____

Number of children with Medicaid insurance: _____

Number of children with CHIP coverage: _____

Number of children with No coverage: _____

Services Performed

Please indicate the "Actual" total number of children who received each service. If no children received a particular service, enter 0.

Actual oral hygiene instructions (D1330): _____

Actual limited oral evaluation-problem focused (D0140): _____

Actual topical application of fluoride varnish (D1206): _____

Actual topical application of fluoride – excluding vanish (D1208): _____

Actual sealant – per tooth (D1351): _____

Actual interim caries arresting medicament application–per tooth (D1354): _____

Referred to other providers for care: _____

Number of Volunteers

Dentists: _____ **Dental Students**: _____

Important Note: *Please list the names of all dentists and/or dental students that volunteered and/or participated in your GKAS event. This information is very important, as the American Dental Association would like to recognize these dentist volunteers for the outstanding work that they are doing in their communities.*

Please list the full names of Dentists / Dental Student Volunteers for your GKAS event.

PLEASE NOTE THAT A COPY OF THIS FORM MUST BE SUBMITTED TO BOTH NJDA AND THE ADA

- **Submit to NJDA: Email to gkas@Njda.org or fax to 732-821-1082**
- **Submit to ADA: Please check off one of the options below:**
  - □ I will log on to www.adafoundation.org/en/give-kids-a-smile and submit my data
  - □ I will [provide NJDA with my GKAS log in information to submit the data on my behalf

GKAS Username: _____ GKAS Password: _____