

## Kiwanis RMD

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**From:** Zaletel, Cora A <cora.zaletel@csupueblo.edu>  
**Sent:** Tuesday, February 28, 2017 2:21 PM  
**To:** Kiwanis RMD (kiwanisrmd@gmail.com)  
**Subject:** Signature Project Proposal (District 12)  
**Attachments:** DSC02478\_edited-1.jpg; Dr Geller-2.jpg; ORTHODONTIA PROJECT.docx; PKCsigprojectortho.docx

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**From:** Zaletel, Cora A  
**Sent:** Monday, February 27, 2017 2:47 PM  
**To:** Kiwanis RMD (kiwanisrmd@gmail.com)  
**Subject:** Signature Project Proposal (District 12)

Nancy,

I'm attaching our description of the Signature Project for the Pueblo Kiwanis Club along with an application and photos with two orthodontists who have been exceptional partners. Please let me know if you need anything else. I may be able to find pics of the patients once their treatment is completed, so let me know if that is necessary.

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Pueblo, CO 81001

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District 12

Rocky Mountain District

Pueblo Kiwanis Club

Cora Zaletel

[Cora.zaletel@csupueblo.edu](mailto:Cora.zaletel@csupueblo.edu)

719-253-2323 or 719-549-2576 (work)

#### SIGNATURE PROJECT: Annual Orthodontia Program

As America was celebrating its Bicentennial, the Kiwanis Club of Pueblo was establishing an annual program to assist needy children with their orthodontia treatment. Since 1976, the club has provided in excess of \$350,000 in payments to local orthodontists to provide treatment for more than 275 Pueblo County youth with severe dental issues and financial need. The club typically funds about 10 children at a time as they move through their treatment schedules, which can last from 2-4 years, but average about 3 years. The Club's portion of payment is about \$4,000 per child, or about \$15-16,000 per year from our Club's resources.

In 1976, Pueblo Kiwanis Club President Edmund Vallego, with assistance by Dr. James "Suds" Sudduth, D.D.S., and other Kiwanis members, initiated the current orthodontic program for youth. The Club raised more than \$6,000 to establish an endowment for the orthodontia program through a fundraising drive and continues to fund the program through happy dollars and Foundation investment growth. As of 2016, more than \$350,000 has been contributed by the Club to assist 275 low-income children with serious dental conditions.

In 2009, the Kiwanis Club of Pueblo presented Dr. Nile Scott, D.D.S., with an honorary membership in the club for his three decades of service to area youth through this program. Dr. Scott has treated approximately 80 percent of the Kiwanis orthodontia patients during the last 30 years, discounting treatment at a value of about \$100,000. The program has allowed us to engage with a number of other orthodontists who have participated in the program through the years, including Dr. Michael Colb, Dr. Jeffrey Geller, Drs. Calvin and Craig Hunter, and Howard Stringert. We now are in our second generation of orthodontists as Nile's son Brian Scott has now taken over much of the treatment through his practice.

The parents of children under the age of 18 with serious dental impairments and high financial need who reside in Pueblo County may apply for Kiwanis orthodontia grants to help fund their children's treatment. Referrals come to the Pueblo Kiwanis Club from Pueblo County orthodontists, who look for young patients with a demonstrated need for extensive orthodontia care and financial limitations. Given that we seek to treat the most serious cases, we primarily promote the project through the orthodontists themselves, who are diligent in submitting to us the most needy patients. The orthodontia need is ranked on a scale of 1 to 10 (with 1 being minimal treatment required and 10 being care ranked at the highest level). The Kiwanis Club Orthodontia Program generally only funds the most severe cases rated at 9 or 10. Participating

orthodontists discount their services and then follow a plan paid 75 percent by the Pueblo Kiwanis Club Foundation and 25 percent by the child's family.

Once contacted, Kiwanis members provide the family with an application to assist the committee with their process for determining if the candidate and the family is a good match for the program and to confirm the financial need. Kiwanis members then will arrange for a time to make a home visit to assess the family's commitment to the program.

Because of the technical nature of the program, we are unable to involve other Kiwanis partners such as Key Club or Builder's clubs, but that in no way diminishes the impact that our Club has on the children involved. They return to Club meetings, all smiles, more confident individuals who are grateful for our assistance. Many of them become Key Club members as a result of their participation with our orthodontia program in order to give back.

More information on the Kiwanis Club of Pueblo orthodontia program is available through Kiwanis Member Jim Morgan, at [jmorgan1@farmersagent.com](mailto:jmorgan1@farmersagent.com) or 719-543-3026.

**ORTHODONTIA PROJECT  
APPLICATION FOR ASSISTANCE**

Name of child: \_\_\_\_\_ D.O.B. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

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

Home Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

Child's grade point average: \_\_\_\_\_ What academic subjects does child enjoy? \_\_\_\_\_

Does child have any special talents? \_\_\_\_\_

Does child participate in extracurricular/community/sport activities? \_\_\_ Describe: \_\_\_\_\_

Does child earn his/her own money? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how? \_\_\_\_\_

What is child's educational/occupational goal? \_\_\_\_\_

Interviewer's impression of child's general attitude? \_\_\_\_\_

How does child feel about his or her dental needs? \_\_\_\_\_

Is child motivated to follow through on lengthy term of orthodontia treatment? \_\_\_\_\_

**FAMILY SITUATION**

Are parents: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_\_\_

Number of siblings living at home \_\_\_\_\_ Do parent(s): own \_\_\_\_\_ rent \_\_\_\_\_

**MOTHER'S INCOME**

\$ \_\_\_\_\_

Employer/Source of Income

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FATHER'S INCOME**

\$ \_\_\_\_\_

Employer/Source of Income

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much can parent(s) contribute to orthodontia treatment? \$ \_\_\_\_\_

Comments \_\_\_\_\_

Do parent(s) have medical \_\_\_\_\_ and/or dental \_\_\_\_\_ insurance? If dental is available, does it include orthodontia? Yes \_\_\_\_\_ No \_\_\_\_\_ How much coverage? \_\_\_\_\_

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### ESTIMATE OF MONTHLY EXPENSES FOR APPLICANT'S HOUSEHOLD

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Rent/mortgage	\$ _____	Utilities	\$ _____
Transportation	\$ _____	Food	\$ _____
Clothing	\$ _____	Medical	\$ _____
Insurance	\$ _____	Debts	\$ _____
Savings	\$ _____	Contributions	\$ _____
Other	\$ _____		
TOTAL EXPENSES	(a) \$ _____		
TOTAL INCOME	(b) \$ _____ (from previous page)		
SURPLUS	(c) \$ _____ ((b) minus (a) = (c))		

Please note any major discrepancy between reported income and estimated expenses in order to determine true need.

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By submitting and signing this application, we authorize our orthodontist \_\_\_\_\_ to  
(Name of Dentist)  
share the orthodontia treatment plan with the Kiwanis Club of Pueblo Foundation. The Foundation will keep this health information confidential and will not disclose it without my authorization.

\_\_\_\_\_  
Signature (guardian must sign if child is under 18 yrs.)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Kiwanis interviewer(s): \_\_\_\_\_  
\_\_\_\_\_



Cora Zaletel, Dr. Jeffrey Geller DDS, Jim Morgan,



In 2009, the Kiwanis Club of Pueblo presented Dr. Nile Scott, D.D.S., with an honorary membership in the club for his three decades of service to area youth through this program. Dr. Scott has treated approximately 80 percent of the Kiwanis orthodontia patients during the last 30 years, discounting treatment at a value of about \$100,000.