





# APPLICATION FOR PROGRAM SERVICES


## Providing Free Comprehensive Eye Exams & Glasses


### 2010-2011


**Parents:** Fill out information on boxes 1-4 and return completed application to the nurse, once approved you will receive this application back to take to your appointment as a voucher. If approved, contact the doctor on box 6 to schedule an appointment.



1	Student Information	
Full Name: _____		
Birth date: ____/____/____		
Sex: Male ___ Female ___      Grade: _____		
Race/ Ethnic Origin:(for research purpose only)		
Hispanic/Latino: ___ Black/African American ___		
White: ___ Asian: ___ Other: _____		
Visual Acuity: Aided: RE 20/____ LE 20/____ Unaided: RE 20/____ LE 20/____		

2	Parent/ Guardian Information	
Name: _____		
Signature: _____		
Home Address: _____		
City: _____ Zip Code: _____		
(1) Phone: _____		
(2) Phone: _____		

3	Student Insurance Information	
Is your child insured: Yes ___ No: ___		
If yes, indicate which insurance:		
___CHIP ___Medicaid ___Private ___None		
If you have indicated that your child does not have insurance, Eye Care for Kids and Children's Defense Fund will assist you in applying for these benefits. (See Instruction Page)		
<i>"I authorize Eye Care for Kids to release my name and phone number to Children's Defense Fund to apply for CHIP/Medicaid for my child."</i>		
Signature: _____ Date: _____		

4	Family Income Information	
Monthly Household Income: \$ _____		
Other Income: \$ _____		
(Include: child support, government assistance, alimony)		
Number of adults living in household: _____		
Ages: _____		
Number of other members in household: _____		
Ages: _____		
Is this student on free or reduced lunch?: Yes ___ No ___		

5	Nurse/Social Worker Information	
I recommend services for the student as explained above:		
Name/Title: _____		
School: _____		
School Address: _____		
City: _____ Zip Code: _____		
School District: _____		
Phone: _____ Fax: _____		

6	 <p style="font-weight: bold; font-size: 1.2em;">Call the number below For an appointment.</p> 
APPLICATION NOT YET APPROVED.	