PREVENT BLINDNESS OKLAHOMA

6 N.E. 63rd St,Ste 150·OKC,OK 73105·405-848-7123·www.preventblindness.org

Application for Vision Service Plan Benefits

Una versión en Español de esta aplicación está disponible en la

INCOMPLETE OR UNQUALIFIED APPLICATIONS WILL NOT BE PROCESSED

Applicant Information

Child's Name: ______________________________ Date of Birth: ______________________

Address: ___________________________________ Social Security #: ___________________

City: _____________ State: ____ Zip: _________ Phone_____________________________

Is the applicant currently ***receiving*** Medicaid benefits? ☐Yes ☐ No

Parent/ Guardian Information

Name: _____________________________________ Relation to Applicant: _______________

Address: ___________________________________ Social Security #: __________________

City: ______________ State: ___ Zip: _________ Home Phone: ( ) ________________

Does applicant live with you? ☐ Yes ☐ No Work Phone: ( ) ________________

Annual Income: $ ____________________________ Size of Family Unit: _______________

Parent/Guardian signature: ____________________ Date: ____________________________

Signature verifies that information contained in this application form is complete and accurate AND understands if VSP denies voucher for any reason the Parent/Guardian is responsible for payment. PBO bares ***NO*** *financial obligation.*

Income Verification

(This section to be completed by a contact person from the Qualifying Agency, i.e. principal of the school where the vision screening was conducted.)

Qualifying Agency (School/ Head Start): ____

Contact Person: ________________________________ Phone: ( ) ______________________

Contact Person's Signature: ______________________ Date: ___________________________

Proof of income must be kept on file with the qualifying agency. Pay stub or tax return may be used for verification. Signature verifies that the information contained in this application form is complete and accurate.

Prevent Blindness Oklahoma Office Use Only

Date Application received: _______________________ Date voucher issued: ______________

Screening Information

Agency/ District: ________________________________

Group Screened: ________________________________

Screening Date: ________________________________

Examination Information

Date of exam: ____________________

Eye Doctor: ______________________

Phone: ( )____________________

INSTRUCTIONS ARE ON THE BACK OF THE FORM

If you have any questions, please contact Prevent Blindness Oklahoma at 405/848-7123

Instructions for Completing the

Application for Vision Service Plan Benefits

Applicant Information Section:
Please fill in all of the information requested. If the child does not have a social security number, please indicate by writing N/A.
Parent / Guardian Information Section:
Please fill in all of the information requested.
Verification Section:
Qualifying Agency: Please write in the name of the location where Prevent Blindness Oklahoma conducted the vision screening.
Contact Person: Please print the name of the person from the qualifying agency who has verified that the information contained in the application is complete and accurate.
Phone: Please write in the qualifying agency contact person's phone number.
Qualifying Agency signature/date: Please have the qualifying agency contact person sign and date the application

ATTENTION QUALIFYING AGENCY CONTACT PERSON:
Your signature verifies that the child meets the following guidelines:

- **Family income is no more than 200% of the poverty level (see table)**
- **Child is NOT receiving Medicaid of Soonercare**
- **Child is 18 years old or younger (Note: Children who are 18 years old must still be attending high school)**
- **Child is a U.S. Citizen or resident alien**

200% of Federal Poverty Guidelines for 2010
48 Contiguous States & D.C.

1	$21,660
2	$29,140
3	$36,620
4	$44,100
5	$51,580
6	$59,060
7	$66,540
8	$74,020
Each Add'l person Add	$ 7,480

Mail the completed application to Prevent Blindness Oklahoma, 6 N.E. 63rd St., Suite 150, Oklahoma City, OK 73105 or FAX to : 405-848-6935. If you have questions please call 405 848-7123.