



PREVENT BLINDNESS OKLAHOMA Application for Resources

6 N.E. 63rd St, Ste 150/OKC, OK 73105/Fax 405-848-6935/ www.preventblindness.org

**INSTRUCTIONS/EXPLANATIONS ARE ON THE BACK OF THIS FORM FOR
VSP Sight for Students, Vision Quest, OneSight, & SoonerCare Benefits**

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

Applicant Information (Please Print Clearly)

Date of Application: _____

Name: _____

Date of Birth: _____

Address: _____

Social Security #: _____

City: _____ State: _____ Zip: _____

Phone #: _____

School Attending: _____ Grade: _____

Parent/Guardian: _____ Home Phone: () _____

Does applicant live with you, (check one)? Yes No Work Phone: () _____

Parent Social Security Number (**only if applicant does not have a SSN**): _____

Yearly Income: \$ _____ Number of People Living in House: _____

Assistance is needed with: Eye Glasses only: **OR** Eye Examination and Glasses (if prescribed):

Does applicant **currently have** Medicaid (SoonerCare), or other vision insurance benefits? Yes No

If **neither** the applicant **OR at least one** parent has a Social Security Number, check here:

Does applicant have a current (less than 2 years old) prescription for eye glasses? Yes No

Has the applicant failed a vision screening? Yes No

Parent/Guardian signature: _____ Date: _____

*Signature verifies that information contained in this application form is complete and accurate AND that Parent/Guardian understand they are responsible for payment if VSP or OneSight denies voucher for any reason. PBO is under **NO** financial obligation for vision services applicant receives (**except for \$50.00 for VisionQuest**).*

Income Verification (Please Print Clearly)

(Application must be submitted to PBO by a Qualifying Agent, such as school or health department nurse, physicians office, social worker, or school personnel who has verified applicants eligibility. OR proof of income, such as a copy of a recent pay stub, or of page 1 of recent tax return, can be provided to PBO and we will act as the verifying agency).

School or Agency Name: _____ City: _____

Name of Qualifying Agent: _____ Phone: () _____

Email: _____ 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 received: _____ Date/Type voucher issued: _____ **VSP VQ OS**

DO NOT MAKE A DOCTOR'S APPOINTMENT UNTIL YOU HAVE RECEIVED A VOUCHER

***You MUST fill out this application, provide proof of income, and receive a voucher from PBO for one of the first 3 programs before going to the eye doctor, or receive your acceptance from SoonerCare.** Contact PBO if you have not received a voucher within 3 weeks.

VSP Sight for Students Program is a charity program funded by Vision Service Plan, the nation's oldest and largest managed vision care program. **The program provides free vision exams and glasses to low-income, uninsured children who have a Social Security Number.**

Eligibility Criteria:

- Family income no more than 200% of federal poverty level (see chart below)
- Child is NOT enrolled in Medicaid (SoonerCare) or other vision insurance (whole or partial)
- Child is 18 years old or younger, not graduated from high school, and school district has been screened by PBO within the last 18 months
- Child or at least one parent is a US citizen or legal immigrant with a Social Security Number
- Child has not accessed this program in the last 12 months

Vision Quest is a charity program funded by a grant from Ronald McDonald Foundation in partnership with PBO and local eye care professionals. **It provides an exam and free eyeglasses to qualifying undocumented children (child or neither parent has a Social Security Number).**

Eligibility Criteria:

- Family income no more than 200% of federal poverty level (see chart below)
- No other eyeglass benefits (Medicaid, SoonerCare, or other insurance) can be accessed
- Child is 18 years old or younger, not graduated from high school, and school district has been screened by PBO within the last 18 months
- Child has not accessed this program in the last 12 months

OneSight is a charity program funded by the Luxottica Group Foundation in partnership with Prevent Blindness America. **It provides free eyeglasses to qualifying families. You must have a recent eye glass prescription (within past 2 years).**

Eligibility Criteria:

- Family income no more than 200% of federal poverty level (see chart below)
- No other eyeglass benefits (Medicaid, SoonerCare, or other insurance) can be accessed
- Applicant has a valid prescription (issued in past 2 years)
- Applicant has not participated in this program during the last 24 months, UNLESS there has been a change in prescription or eyeglasses have been damaged beyond repair.

SoonerCare/Medicaid Must have already qualified for SoonerCare. Once child is approved for health benefits, SoonerCare will provide child with **a free exam and eyeglasses once a year.** Contact SoonerCare at www.mysooner.org to apply online or for more information. Or you can call **1-800-987-7767** for more information.

Eligibility Criteria:

- Child must reside in Oklahoma and be either a U.S. citizen or qualified alien (most immigrants who arrived after August 22, 1996 are barred from the program for five years)
- Family must meet financial income and resources standards in certain categories (contact SoonerCare)

200% of Federal Poverty Guidelines for 2011 48 Contiguous States & D.C.

1	\$21,780	5	\$52,340
2	\$29,420	6	\$59,980
3	\$37,060	7	\$67,620
4	\$44,700	8	\$75,260

Each Add'l person in household add \$7,640

Mail this 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 (Cheryl at ext 102 VSP/Vision Quest) (Alisha at ext 101 OneSight) OR SoonerCare at 1-800-987-7767