



Dear Applicant:

Thank you for your interest in our "Partners in Prevention" program, partially funded by Harris County!

In order for your application to be processed, you must include the following qualifying documents:

- **Written Documentation of residency status:** Include a shelter/halfway house letter of residency OR similar documentation, such as a letter from S.E.A.R.C.H. indicating temporary homelessness.
- **Identification:** Include a copy of your driver's license, social security card, gold card OR some other form of official identification.
- **Prescription:** If you have an eye prescription (less than 1 year old), please enclose to expedite the application process.
- **Individual Eligibility Form:** Second Page of Application (Signed and Dated).

Please note: There are restrictions for the "Partners in Prevention Program". We are able to provide a basic eye exam and/or eyeglasses. **The lenses that we can provide will be single vision or bifocal (with a line, FT28). We are NOT able to provide "extras" such as tint, UV coating, anti-reflective coating, progressive lenses (no-line bifocals), slab-off lenses, executive trifocals, etc.**

If you have any questions, please call Nicole Love at 713-526-2559, Ext. 113.

Celebrating Sight,

Nicole Love
Program Assistant



"PARTNERS IN PREVENTION" PROGRAM APPLICATION

Client Name _____ Age _____ Date of Birth _____ Sex _____ Race _____

Address _____ Apt. # _____ City _____ Zip _____

SSN _____ Phone Number(s) _____

Guardian (If Under Age 18) _____ Is Client Currently Receiving Disability? YES or NO

Referring Caseworker and Contact Number (If Applicable) _____

Marital Status (Circle One): Married Single Divorced Separated Widow

Number in Household _____ Household Annual Salary \$ _____ Is head of household female? YES or NO

Current insurance (Circle One): Medicaid Medicare Gold Card (If Valid) None Other _____

Has client received services from Prevent Blindness before? YES or NO If yes, when? _____

Does client have an eye prescription less than 1 year old? YES or NO If YES, please submit copy of prescription.

Willing to travel within a 50 mile radius to the optical center? YES or NO Type of transportation? _____

If you qualify for free eye care services:

- 1) You will sign a voucher that states this is a ONE TIME service.
- 2) You may be placed on a waiting list.
- 3) You must be willing to travel within 50 miles.
- 4) You must keep your appointment, be on time, and call 24 hours in advance if you need to reschedule.
- 5) The glasses will consist of a limited selection as determined by the donating "Partner In Prevention" or Harris County dispensary. The lenses provided will be single vision, bifocal (with a line, FT28). Extras such as tint, anti-reflective coating, progressive lenses (no-line bifocals), UV coating slab-off lenses, executive trifocals, etc., are NOT covered.

I affirm that the information on this application is true and complete to the best of my knowledge.

Signature of Client or Legal Guardian

Date

The application will not be processed until all qualifying documents, as stated on the cover page, are received with this application. Return this application and related documents to:

Prevent Blindness Texas
2202 Waugh Dr.
Houston, TX 77006
Phone: 713-526-2559
Fax: 713-529-8310

All information on this application is kept confidential by the staff and volunteers at the agency providing your services and at Prevent Blindness Texas. No information will be released to any outside individual or agency without prior consent of the patient. Prevent Blindness Texas is an affirmative action program.

For Prevent Blindness office use only.

Exam: _____ Date: _____ PBT staff initials: _____	Eyeglasses: _____ Date: _____ PBT staff initials: _____
Notes:	Notes: