

Prevent Blindness North Carolina 2009-2010 VSP Voucher and Donor Docs Programs Application

PRINT LEGIBLY USING BLUE OR BLACK INK – Incomplete or illegible applications cannot be processed.

Name of Child _____ County of Residence: _____

Complete Address _____
Street City Zip

Child's Date of Birth _____ - _____ - _____ Child's School _____ Grade _____
Month Day Year

Is the child covered by Medicaid, Health Choice or any other vision insurance? _____NO _____YES *If yes, child does not qualify for either program.*

Parent/Guardian Name _____ Signature _____

VSP Sight for Students Voucher Program



Apply for the VSP Sight for Students Voucher Program if a Social Security Number can be provided and if family size and income are within VSP ranges. Do not apply for both programs.

Child's Social Security #: _____ - _____ - _____ **OR** Parent/Guardian's Social Security #: _____ - _____ - _____
A Social Security Number is required for the VSP Program. Individual Taxpayer Identification Numbers (ITINs) cannot be accepted for child or parent.

Indicate family size and income and the appropriate box.

- | | |
|---|--|
| <input type="checkbox"/> 2 people in the family with income \$0 to \$29,140
<input type="checkbox"/> 3 people in the family with income \$0 to \$36,620
<input type="checkbox"/> 4 people in the family with income \$0 to \$44,100
<input type="checkbox"/> 5 people in the family with income \$0 to \$51,580
<input type="checkbox"/> 6 people in the family with income \$0 to \$59,060 | <input type="checkbox"/> 7 people in the family with income \$0 to \$66,540
<input type="checkbox"/> 8 people in the family with income \$0 to \$74,020
For each additional person over 8 in the family, add \$7,480 and specify:
number of people in the family: _____
and family income: _____ |
|---|--|



PBNC Donor Docs Program

Apply for Donor Docs if family size and income are outside VSP ranges or if neither child nor parent has a Social Security Number. Do not apply for both programs. Donor Docs services are limited and may not be available to all who qualify.

Indicate family size and income and the appropriate box.

- | | |
|---|--|
| <input type="checkbox"/> 2 people in the family with income \$0 to \$36,425
<input type="checkbox"/> 3 people in the family with income \$0 to \$45,775
<input type="checkbox"/> 4 people in the family with income \$0 to \$55,125
<input type="checkbox"/> 5 people in the family with income \$0 to \$64,475
<input type="checkbox"/> 6 people in the family with income \$0 to \$73,825 | <input type="checkbox"/> 7 people in the family with income \$0 to \$83,175
<input type="checkbox"/> 8 people in the family with income \$0 to \$92,525
For each additional person over 8 in the family, add \$9,350 and specify:
number of people in the family: _____
and family income: _____ |
|---|--|

This section must be completed by Qualifying Agent (School or HD Nurse, Physician's Office, Social Worker, School Personnel, etc.)

I have found the above named applicant to be eligible:

Signature of Qualifying Agent

School/Agency Name

Print or Type Qualifying Agent Name

School/Agency Mailing Address

Phone or pager number to contact for questions

School/Agency City Zip

MAIL A COPY of the completed application to: PBNC, 4011 WestChase Blvd, Ste 225, Raleigh, NC 27607
 (Qualifying Agent should keep the original completed application for their records. Allow 3 weeks for processing requests.)

VSP Sight for Students Voucher Program

Sight for Students is a charity program founded by Vision Service Plan, the nation's oldest and largest managed vision care plan. The program provides free vision exams and glasses to low-income, uninsured children who have a social security number. Sight for Students operates nationally through a network of community partners, including Prevent Blindness North Carolina, who identify children in need and VSP network doctors who provide the eye care services.

VSP Services:

- Eye exam from a VSP participating doctor.
- Glasses, if prescribed.
- Services provided at no cost to families unless a cosmetic option or other extra is purchased.

VSP Eligibility Criteria:

- Family income is no more than 200% of federal poverty level.
- Child is not enrolled in Medicaid or Health Choice and is not covered by any other vision insurance (whole or partial).
- Child is 18 years old or younger and still enrolled in school.
- Child or parent is a US citizen or legal immigrant with a Social Security number. Tax ID numbers are not acceptable.
- Child has not used the VSP Sight for Students program during the past 12 months.

VSP Qualification Process

- Family determines eligibility and completes application form.
- School or agency verifies income and eligibility, retains the original completed application for their records, and mails a copy to PBNC.
- PBNC approves and processes complete application within three weeks of receipt. Vouchers are mailed to the Qualifying Agent for follow up.
- Incomplete or illegible applications will delay the processing of a VSP Sight for Students request.

VSP Voucher Redemption

- Vouchers must be redeemed at a VSP participating doctor's office by the expiration date preprinted on the form.
- The names of VSP providers will be made available to the parent by the Qualifying Agent or by visiting www.vsp.com.

PBNC Donor Docs Program

The PBNC Donor Docs Program is a volunteer program of optometrists and ophthalmologists across the state of North Carolina. This program covers vision exams and in some cases, glasses for uninsured children who have had a vision screening and need a comprehensive eye exam. Services are available on a first come first serve basis until all donated services have been used in the local area.

Donor Docs Services:

- Eye exam performed by a participating physician.
- Glasses, if agreed to by participating physician.
- Specified services, as indicated by volunteer physician, will be provided at no cost to the family.
- Refer to map on the website www.preventblindness.org/nc under the Financial Resources tab for availability of Donor Docs in your area.

Donor Docs Eligibility Criteria:

- Children enrolled in grades K-12.
- Family income is no more than 250% of federal poverty level.
- Child is not enrolled in Medicaid or Health Choice and is not covered by any other vision insurance (whole or partial).
- Child has not used the Donor Docs program during the past 12 months.
- Child does not qualify for the VSP Sight for Students Program.

Donor Docs Qualification Process:

- Family determines eligibility and completes application form.
- School or agency verifies income and eligibility, retains the original completed application for their records, and mails a copy to PBNC.
- PBNC approves and processes complete applications within three weeks of receipt.
- Incomplete or illegible applications will delay the processing of a Donor Docs request.

Donor Docs Redemption Process

- PBNC will notify Qualifying Agent of approval with details regarding physician name and address for scheduling the eye exam.
- Authorization for service must be redeemed at the specified participating doctor's office.
- Donor Docs services will expire on July 31, 2010.

Call Prevent Blindness North Carolina at (919) 755-5044 or 1-800-543-7839 if you have questions about either program.
Additional application forms are available on our website www.preventblindness.org/nc under the Financial Resources tab.