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## APPLICATION FOR VISION SERVICE BENEFITS

### Applicant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Does Applicant Live with You?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Home Ph: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Work Ph: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ e-mail: \_\_\_\_\_@\_\_\_\_\_

### Financial Information for Applicant or Responsible Person

(Proof of income must be provided. Pay stub or tax return may be used for verification.)

Annual Income: \$ \_\_\_\_\_ Size of Family Unit: \_\_\_\_\_  
Qualifying Agency/Organization: \_\_\_\_\_

### Certification

(The above financial information is correct to the best of my knowledge.)

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Prepared By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

An affiliate of Prevent Blindness America, Prevent Blindness Nebraska is a proud member of Community Health Charities, formerly CHAD and serves over 30,000 Nebraskans annually with information and services. In 2005, Prevent Blindness Nebraska provided eye screenings for over 3,500 children, 4,500 adults and 300 of the area's homeless.

Contributions are tax deductible in accordance with I.R.C. Section 501 (c)(3).  
Please remember Prevent Blindness Nebraska in your estate planning.

# **‘Sight for Students’ Fact Sheet**

**WHAT:** Vision Service Plan (VSP) is the nation’s oldest and largest managed vision care plan offering services through a network of private practice providers, both optometrists and ophthalmologists.

VSP founded the ‘Sight for Students’ program to provide eye exams and eyeglasses for children in need throughout the nation.

Services include an eye exam from one of VSP’s participating doctors, as well as glasses should be prescribed. (In some instances, authorization for other medically necessary services will be included.)

There is no cost to families unless they choose to purchase a cosmetic option or other extras.

**WHO:** The program targets ‘gap’ kids. These are children whose families earn up to 200% of the federal poverty level. Children who are below the poverty level usually qualify for Medicaid services. ‘Sight for Students’ is not available for recipients of Medicaid. Students are eligible to participate up to age 18, or until graduation from high school. The student must be a U.S. citizen or resident alien.

**HOW:** Participants complete application form (attached), and mail or fax the completed and signed form, along with the appropriate income verification requirements, to Prevent Blindness Nebraska.

If the applicant qualifies, Prevent Blindness will complete a VSP voucher, and return it to the applicant along with a list of participating doctors.

Approved applicants make their own appointments and must present the VSP voucher to the doctor’s office.

The voucher must be used before the printed expiration date. Only one certificate will be issued per student in a 12-month period.

