



VISION SERVICE PLAN – SIGHT FOR STUDENTS APPLICATION

Students Name _____ Date of Birth ____/____/____

Address _____ Social Security Number* _____

City _____ State _____ Zip _____ Home Phone _____

* If applicant does not have a social security number, a parent or guardian’s social security number may be submitted instead. If neither has a social security number the applicant is not eligible for the VSP program.

Parent Guardian Information (Please print clearly)

Name _____ Relationship to Child _____

Does child named above live with you? YES NO

If no, please write the child’s primary address _____

City _____ State _____ Zip _____ Home Phone _____

Is your child enrolled in Medicaid, BadgerCare, BadgerCare Plus, or covered by any other vision insurance? YES NO (If yes, child does not qualify for the VSP program.)

Does your child qualify for free or reduced price lunch? YES NO If yes, you do not have to prove your income.

Annual Income \$ _____ Size of Family _____ Work Phone _____

I attest that the above information is true to the best of my knowledge

Parent Signature _____ Date _____

NOTE: The chart below shows the Federal Poverty Guidelines which will be used to determine eligibility.

Size of Family	Poverty Level	Size of Family	Poverty Level
1	20,800	6	56,800
2	28,000	7	64,000
3	35,200	8	71,200
4	42,400	Each additional	7,200
5	49,600		

Agency / Organization / School Information (To be completed by the school nurse or public health official – not the parent or guardian)

Name of Agency/ Org / School _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____ Voucher # _____

Signature _____ Date Signed _____

Before sending this completed application to Prevent Blindness Wisconsin, please verify that the following criteria have been met by checking off each statement.

- The family’s income is not more than 200% of poverty level.
- Child is not enrolled in Medicaid, BadgerCare, BadgerCare Plus, or covered under any other vision insurance.
- Child is under 18 years old.
- Child or parent is a US citizen or documented immigrant with a social security number
- Child has not used the VSP Sight for Student’s program during the past 12 months.

Issue Date _____ Voucher Exp Date _____ Voucher # _____