



<b>OFFICE USE ONLY</b>	<b>7/18</b>
Date: _____	Staff: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> HE	<input type="checkbox"/> S4S <input type="checkbox"/> MEMO

# Children's Vision Care Voucher Application

Please Return to: Prevent Blindness Wisconsin • 731 N. Jackson Street • Suite 405 • Milwaukee, WI 53202  
 Fax: (414) 765-0377 • Phone: (414) 765-0505 • Breanna@pbwi.org

## Applicant Information

My child needs:  Glasses Only  Eye Exam and Glasses

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  My child does not have a Social Security Number

Note: If your child does not have a SSN, a parent or guardian's SSN may be submitted instead.

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

## Vision Health Information

Has your child had an eye exam in the last 12 months?  Yes  No

Date of last eye exam: \_\_\_\_\_

Has your child broken or lost their glasses?  Yes  No

Has your child used a vision care voucher in the last 12 months?  Yes  No

If yes, please indicate the type of voucher used:

VSP Sight for Students  Healthy Eyes  Other: \_\_\_\_\_

## Financial and Insurance Information

Please provide at least ONE proof of income document: pay stub, tax return, Social Security Award Letter etc.

Does your child qualify for free or reduced price lunch?  Yes  No

Annual Household Income: \$ \_\_\_\_\_ # of people in household including yourself: \_\_\_\_\_

Does your child have BadgerCare Plus (Medicaid) or other vision insurance?  Yes  No

\*If your child has BadgerCare and needs an eye exam call 1-800-362-3002.

*I attest that the above information is true to the best of my knowledge. I understand that if I provide incomplete or incorrect information I may be required to pay for the vision care services my child receives and my child may be declined service.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by school/agency staff if applying through a school/agency.

Name of School/Agency : \_\_\_\_\_ Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Send Voucher Information to:  Applicant's Home  School/Agency