Visconsin* Children's Vision Care Voucher Application Please Return to: Prevent Blindness Wisconsin • 731 N. Jackson Street • Suite 405 • Milwa 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:	ICE USE ONLY 7/18
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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: D Applicant's Home D School/Agency	