

**RAU LUB CHAW UA HAUJ LWM XWB**

Date: \_\_\_\_\_\_\_\_ Staff: \_\_\_\_

□ Approved □ Denied

□ HE □ ME □ MEMO

**Daim Ntawv Thov Siv Kev Saib Xyuas Kev Pom
Kev Ntawm Cov Me Nyuam**

**Thov Rov Qab Xa Rau:** Prevent Blindness Wisconsin ● 731 N. Jackson Street ● Suite 405 ● Milwaukee, WI 53202 Fax: (414) 765-0377 ● Xov tooj: (414) 765-0505 ● Breanna@pbwi.org

**Kev Paub Hais Txog Cov Thov**

**Kuv tus me nyuam xav tau:** □ Tsom Iav Qhov Muag Xwb □ Kev Kuaj Qhov Muag Thiab Tsom Iav

**Tus Me Nyuam Lub Npe: Hnub Yug:**

 **Qhov Chaw Nyob: Lub Nroog:**

**Tus Zauv Cim Ntawm Thaj Chaw: Thaj Chaw:
Tus Xov Tooj: ( \_) -**

**Niam Txiv/Tus Saib Xyuas Lub Npe: \_**

**Kev Paub Hais Txog Kev Noj Qab Haus Huv Ntawm Lub Zeem Muag**

**Koj tus me nyuam puas tau mus kuaj qhov muag 12 lub hlis dhau tas los?** □ Tau □ Tsis Tau

**Hnub kuaj qhov muag kawg nkaus:**

**Koj tus me nyuam puas tau siv qhov kev saib xyuas kev pom kev 12 lub hlis dhau los?** □ Tau □ Tsis Tau

Yog siv, thov qhia daim ntawv puav pheej uas siv:

□ VSP Sight for Students □ Healthy Eyes □ Lwm Yam:

**Kev Paub Txog Ntawm Nyiaj Txiaj Thiab Kev Tuav Pov Hwm**

Thov muab ntawv pov thawj yam tsawg ib qho hais txog ntawm qhov nyiaj khwv tau: daim tw tshev, kev them se, Daim Ntawv Tau Txais Kev Muaj Yeej Los Ntawm Kev Ruaj Ntseg Ntawm Zeej Tsoom thiab lwm yam.

**Koj tus men yuam puas tsim nyog tau su noj dawb los sis luv nqi noj?** □ Tau □ Tsis Tau

**Cov Nyiaj Tau Los Txhua Xyoo:** $  **# ntawm cov neeg hauv tsev neeg nrog rau koj tus kheej:** \_

**Koj tus me nyuam puas tau muaj BadgerCare Plus (Medicaid) los sis
lwm yam kev pov hwm rau kev pom kev?** □ Tau □ Tsis Tau

***Kuv ua tim khawv tias cov ntaub ntawv saum toj no yeej muaj tseeb raws li qhov kuv paub. Kuv nkag siab hais tias yog tias kuv muab cov ntaub ntawv tsis txhij los sis tsis muaj tseeb kuv yuav tsum tau them nqi rau cov kev pab cuam kev saib xyuas kev pom kev kuv tus men yuam tau txais thiab kuv tus men yuam yuav tsis tau txais kev pab cuam.***

**Thov Kos Npe Niam Thiab Txiv/Tus Saib Xyuas: Hnub Tim:**

**Yuav tsum tiav los ntawm tsev kawm/ua lub koom haum tus neeg ua hauj lwm yog tias yuav thov ua hauj lwm rau lub tsev kawm/lub koom haum. / 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

Send Voucher Approval Letter in: □ English □ Hmong