



OFFICE USE ONLY	3/22
Date: _____	Staff: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> HE	<input type="checkbox"/> S4S <input type="checkbox"/> MEMO

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: ____/____/____

Address: _____ City: _____

Zip: _____ County: _____ Phone: (____) _____ - _____

Parent/Guardian Name: _____ Email: _____

Vision Health Information

Has your child received a glasses prescription from an eye doctor in the last 12 months? Yes No

If yes, date prescription was written: Day ____ Month ____ Year ____

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

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

If no, please provide at least **ONE** proof of income document: pay stub, tax return, Social Security Award Letter etc.

Yearly Household Income: \$0 - \$27,180 \$27,181 - \$36,620 \$36,621 - \$46,060

\$46,061 - \$55,500 \$55,501 - \$64,940 \$64,941 - \$74,380 \$74,381 - \$83,820 _____

of people in household including yourself: 1 2 3 4 5 6 7 _____

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

Send Voucher Approval Letter in: English Spanish Hmong