**Daim Ntawv Thov Siv Kev Saib Xyuas Kev Pom Kev Ntawm   
Neeg Laus**

**LUB CHAW UA HAUJ LWM SIV XWB 1/24**

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

□ Approved □ Denied

□ HE □ EOH □ EOHG

**Thov Rov Qab Xa rau:** Prevent Blindness Wisconsin ● 731 N. Jackson Street ● Suite 405 ● Milwaukee, WI 53202

Fev: (414) 765-0377 ● Tus Xov Tooj: (414) 765-0505 ● Natalie@pbwi.org

**Ntaub Ntawv Qhia Txog Tus Thov**

**Kuv tab tom thov rau:** □ Tsom Iav Xwb □ Kev Kuaj Xyuas Qhov Muag Thiab Tsom Iav

**Lub Npe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hnub Yug:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qhov Chaw Nyob:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lub Nroog:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cheeb Nroog:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tus Xov Tooj:** (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_ **Lwm Tus Xov Tooj:** (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

**Ntaub Ntawv Kev Paub Hais Txog Kev Noj Qab Haus Huv Ntawm Lub Qhov Muag Pom Kev**

**Puas yog koj tau mus kuaj qhov muag nyob rau 12 lub hlis dhau los?** □ Yog □ Tsis Yog

**Hnub tim ntawm kev kuaj qhov muag zaum kawg nkaus:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Puas yog koj tau siv daim ntawv saib xyuas qhov muag pom kev 12 lub hlis dhau los?**  □ Yog □ Tsis Yog

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

□ VSP Eyes of Hope □ Healthy Eyes □ Lwm Yam:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ntaub Ntawv Qhia Txog 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 Khoom Plig Social Security thiab lwm yam.

**Tsev Neeg Kev Khwv Tau Nyiaj Xam Ua Xyoo:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
**# ntawm cov neeg hauv tsev neeg nrog rau koj tus kheej:** \_\_\_\_\_\_\_\_

**Koj puas muaj Medicaid, VA Health Care los sis lwm qhov kev tuav pov hwm qhov muag?** □ Yog □ Tsis Yog

***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 qhov muag pom kev kuv tau txais thiab kuv yuav tsis tau txais kev pab cuam.***

Kos Npe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hnub Tim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Yuav tau sau kom tiav los ntawm lub chaw sawv cev tus neeg ua hauj lwm yog tias tau thov los ntawm ib chaw sawv cev. / To be completed by agency staff if applying through an agency.**

Name of Agency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Send Voucher Information to: □ Applicant’s Home □ Agency