



Adult and Children Vision Care Voucher Program Criteria

Eye Exam and Glasses

VSP Eyes of Hope program: Vouchers for a free eye exam and glasses are provided through Vision Service Plan (VSP).

To qualify for the program, applicants must meet the following criteria:

- Family income is at or below 200% of federal poverty level
- Not covered by Medicaid (BadgerCare Plus) or any other vision insurance
- Has not used a voucher during the last 12 months

National Vision, Inc. (NVI): Vouchers for a free eye exam and glasses provided by NVI valid at most America's Best locations.

- Family income is at or below 300% of federal poverty level
- Not covered by Medicaid (BadgerCare Plus) or any other vision insurance
- Has not used a voucher during the last 12 months

Kids in Focus: Vouchers for a free eye exam and glasses for children are provided through Shopko Optical. To qualify for the program, children must meet all of the following criteria:

- Family income is at or below 300% of federal poverty level
- Not covered by Medicaid (BadgerCare Plus) or any other vision insurance
- Has not used a voucher during the last 12 months

Glasses Only

Vouchers for eyeglasses only are provided through the VSP Eyes of Hope Program or the OneSight OnSite Voucher Program depending on the applicant's location. To qualify for the program, applicants must meet all of the following criteria:

- Family income is at or below 200% of federal poverty level
- Has a valid eyeglass prescription that is less than 12 months old
- Does not have any other eyeglass benefits they can access or have exhausted their eyeglass benefits for the year
- Has not used a voucher during the last 12 months

Please see the other side for household size details and the 2025 Federal Poverty Guidelines to determine if you or someone you are assisting may qualify.

2026 Federal Poverty Guidelines

Household Size	200% FPL	300% FPL
1 person	\$31,920	\$47,880
2 people	\$43,280	\$64,920
3 people	\$54,640	\$81,960
4 people	\$66,000	\$99,000
5 people	\$77,360	\$116,040
6 people	\$88,720	\$133,080
7 people	\$100,080	\$150,120
8 people	\$111,440	\$167,160
Each additional person	+ \$11,360	+ \$17,040

Please visit <http://wisconsin.preventblindness.org/healthy-eyes-and-mobile-eyes-applications-and-criteria> to download the voucher application. The adult vision care application is offered in Spanish and Hmong and can be found on our website using the link above.

Send **completed** applications to:

Prevent Blindness Wisconsin
731 N. Jackson Street, Suite 405
Milwaukee, WI 53202

Fax: (414) 765-0377

Phone: (414) 765-0505

Email: Natalie@pbwi.org