



Formerly Prevent Blindness Oklahoma

6 N.E. 63rd St, Ste 150/OKC, OK 73105/Fax 405-848-6935/ www.vizavance.org

INSTRUCTIONS

Step 1: Read back of this application to see if you qualify for any of the resources we offer: VSP Sight for Students, Vision Quest, or OneSight

Step 2: IF you qualify fill out this application (if you don't qualify, throw this application away, or give it to someone else who qualifies and can use it)

Step 3: Provide proof of income (check stub or page 1 of previous year taxes)

Step 4: Mail, or fax, this application to Vizavance

Step 5: Wait for notification from Vizavance that your application has been approved

Step 6: When you receive your Gift Certificate from Vizavance, THEN make an appointment with a participating doctor (with your Gift Certificate you will receive contact information for doctors that will accept it)

If you have not received notification that your application has been approved, **after three weeks** please feel free to call Vizavance to check on its status.

Applicant Information (Please Print Clearly)

Date of Application: _____

Name: _____

Date of Birth: _____

Address: _____

Social Security #: _____

City: _____ State: _____ Zip: _____

Phone #: _____

School District _____

School Attending: _____ Grade: _____

Parent/Guardian: _____ Home Phone: () _____

Does applicant live with you, (check one)? Yes No Work Phone: () _____

Parent Social Security Number: _____

Yearly Income: \$ _____ Number of People Living in House: _____

Does applicant **currently have SoonerCare, or other vision insurance benefits?** Yes No

Parent/Guardian signature: _____ Date: _____

Vizavance is under NO financial obligation for vision services applicant receives if VSP or OneSight denies voucher for any reason.

Income Verification (Please Print Clearly)

Income must be verified by showing a school contact person proof of income, such as a copy of a recent pay stub, or of page 1 of a recent tax return, **OR by sending a copy of your proof of income to Vizavance with your application** and we will act as the verifying agency.

Name of School Contact: _____ Phone: () _____

Email: _____

Contact Person's Signature: _____ Date: _____

Proof of income must be kept on file with the qualifying agency. Pay stub or tax return may be used for verification. Signature verifies that the information contained in this application form is complete and accurate.

VIZAVANCE Office Use Only

Date received: _____ Date/Type voucher issued: _____ **VSP VQ OS**

If your child is on SoonerCare, you do NOT need to fill out this application to take him/her to a SoonerCare provider for a yearly exam and glasses.

If your child is on SoonerCare and has ALREADY HAD their yearly exam, but has lost or broken glasses since then, you can apply for OneSight to replace glasses.

VSP Sight for Students Program provides free vision exams and glasses to those who QUALIFY as low-income, uninsured children WITH a Social Security Number.

You Qualify for VSP Sight for Students IF:

- Family income is no more than 200% of federal poverty level (see chart below)
- Child is **NOT enrolled in SoonerCare or other vision insurance**
- Child is **18 years old or younger, not graduated from high school**, and school district has been screened by Vizavance within the last 18 months
- Child, or at least one parent, is a US citizen or legal immigrant with a **Social Security Number**
- Child has **not USED a VSP Gift Certificate in the last 12 months**

Vision Quest Program provides a free exam and glasses to children WITHOUT a Social Security Number (and neither parent has one either) who QUALIFY.

You Qualify for Vision Quest IF:

- Family income is no more than 200% of federal poverty level (see chart below)
- Child is **NOT enrolled in SoonerCare or other vision insurance**
- Child is **18 years old or younger, not graduated from high school**, and school district has been screened by Vizavance within the last 18 months
- Child has **not USED a Vision Quest Gift Certificate in the last 12 months**

OneSight provides free eyeglasses to qualifying children AND adults. You must QUALIFY and have a recent eye glass prescription (within past 2 years).

You Qualify for OneSight IF:

- Family income is no more than 200% of federal poverty level (see chart below)
- Family has **no other eyeglass benefits such as SoonerCare, or other vision insurance, that can be accessed**
- Applicant has a **valid eyeglass prescription** (issued in past 2 years)
- Applicant has **not participated in this program during the last 24 months, UNLESS there has been a change in prescription or eyeglasses have been damaged beyond repair**

200% of Federal Poverty Guidelines for 2016 48 Contiguous States & D.C.

1	\$23,760	5	\$56,880
2	\$32,040	6	\$65,160
3	\$40,320	7	\$73,460
4	\$48,600	8	\$81,780

Each Add'l person in household, add \$4,140 to the total over 8 people

Mail this completed application to:
VIZAVANCE, 6 N.E. 63rd St., Suite 150, Oklahoma City, OK 73105
or FAX it to: 405-848-6935
If you have questions please call 405 848-7123