



Application for Resources

50 Penn Place 1900 NW Expressway Suite R110 OKC, OK 73118
 Phone: 405-848-7123 Fax 405-848-6935 www.vizavance.org
 Formerly Prevent Blindness Oklahoma

INSTRUCTIONS

Step 1: SoonerCare/Medicaid participants: Please contact your caseworker or call the SoonerCare helpline at 1-800-987-7767 for assistance.

Step 2: Do you qualify for a VSP voucher? Child must be 19 or younger, not out of high school, and not enrolled in SoonerCare or other vision insurance. Family income must be no more than **200% of federal poverty level listed below.**

1. \$25,760 2. \$34,840 3. \$43,920 4. \$53,000 5. \$62,080 6. \$71,160 7. \$80,240 8. \$89,320

Based on number persons in household - Add \$9,080 to above total for over 8 people.

Step 3: Provide proof of income: Check stub or page 1 of previous year taxes.

Step 4: Mail or fax the completed application to Vizavance. See information at top.

Step 5: Wait for notification from Vizavance that your application is approved.

Step 6: When you receive a VSP Gift Certificate from Vizavance, make an appointment with a participating doctor. With your Gift Certificate you will receive contact information on doctors who accept VSP certificates.

Applicant Information (Please Print Clearly)	Date of Application: _____
Name: _____	Date of Birth: _____
Address: _____	City: _____
State: _____ Zip: _____	Phone: _____
Grade: _____ District: _____	School: _____
Parent/Guardian: _____	Home Phone: _____
Does applicant live with you? Yes ___ No ___	Work Phone: _____
Yearly Income: \$ _____	Number in household: _____
Parent/Guardian signature: _____	Date: _____

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

Income Verification by School Contact Person	
Name of School Contact: _____	Phone: _____
Email Address: _____	Date: _____
Contact Person's Signature: _____	
<i>Proof of income must be on file with qualifying agency. Signature verifies information is complete and accurate.</i>	