



# Application for Resources

Lakepointe Towers East 4005 NW Expressway Ste 325E OKC, OK 73116  
 Phone: 405-848-7123 Fax 405-848-6935 [www.vizavance.org](http://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.**

|          |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> |
| \$27,180 | \$36,620 | \$46,060 | \$55,500 | \$64,940 | \$74,380 | \$83,820 | \$93,260 |

**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: \_\_\_\_\_

***Proof of income must be on file with qualifying agency. Signature verifies information is complete and accurate.***