



## VISION USA – The Wisconsin Project Patient Application Form

VISION USA – The Wisconsin Project offers comprehensive eye care services to children age 18 and under from low income, working families whose children have no eye care health insurance. Applications will be accepted year-round, and if approved, the applicant will be sent information on contacting a local doctor to set up an eye exam. It is the parent/guardian's responsibility to contact the doctor and make the appointment. Each eligible child will receive a free comprehensive eye examination. Whenever possible, the Wisconsin Optometric Association (WOA) will work with local eye doctors and service organizations such as the Lions Club to provide basic lenses if prescribed. **Note: Volunteer doctors provide these services, and a participating doctor may or may not be available in your area.**

Eligibility requirements are as follows. Please read them carefully to make sure you qualify:

1. Parent or guardian of child must be currently working at least part time.
2. Patient must be age 18 or under.
3. Patient must have **NO** eye health insurance (including Medicaid, Blue Cross/Blue Shield and Badger Care). If they do have insurance that covers eye care, they will be denied a VISION USA exam.
4. Patient must not have had an eye exam by an eye doctor within the last 12 months.
5. Family income must be within an established level according to household size. **\*\*Parent or guardian must enclose, with completed application, a copy of most recent tax return or verification letter from the school stating the child qualifies for free/reduced lunch. Applications without income verification will be returned.**

\*\*The applicant must meet ALL requirements to qualify for the program.

More than one person in each family may apply for a VISION USA exam, if eligibility requirements are met. Please submit one application per child. **For more information or to obtain an application in Spanish, call 1-877-435-2020 or visit [www.woa-eyes.org/vision-usa-public](http://www.woa-eyes.org/vision-usa-public).** Please note: WOA staff speaks English only.

Send this completed form with requested information to:

VISION USA – The Wisconsin Project  
6510 Grand Teton Plaza, Suite 312  
Madison, WI 53719  
Fax: 608-824-2205



## VISION USA – The Wisconsin Project Patient Application Form

VISION USA – The Wisconsin Project provides free eye exams to eligible children age 18 and under from low-income, working families who have no vision and eye health insurance. Services are donated by volunteer optometrists and may be limited in some areas. Eligibility requirements must be met to qualify.

You must answer **ALL** information and questions. Incomplete applications will be discarded. Complete one form for each child applying. **PLEASE PRINT LEGIBLY.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender (circle one):    Male        Female        Date applicant will/did enter kindergarten: \_\_\_\_\_

**Please Answer All Questions Below:**

	YES	NO
1. Is a parent or guardian of the above child currently working at least part time?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is applicant age 18 or under?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does applicant have eye care coverage by any type of government or private health care insurance (i.e. Medicaid, Medicare, Blue Cross/Blue Shield, Badger Care)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has applicant had an eye examination at an <u>eye doctor's</u> office within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
5. What is the total number of people living in your household, including applicant? _____		
6. What was your household's adjusted gross income last year? ** _____ **		
7. Who referred you to this program? _____		

**\*\*Please include a copy of your most recent federal tax return or school verification of free/reduced lunch. This application will be discarded if income verification is not included. If it is discovered that applicant is ineligible for the program after the exam has taken place, the cost incurred will be the responsibility of the parent/guardian of that child.**

Your completed application form will be reviewed to determine your eligibility. If you qualify, you will receive a letter with information on contacting a participating doctor in your area. If you do not qualify, you will be notified in writing within two to four weeks of receipt of your application. **Please return completed application to: VISION USA – The Wisconsin Project, 6510 Grand Teton Plaza, Suite 312, Madison, WI 53719.**