



Sight for Students Program
APPLICATION FORM

Dear Parent/Guardian:

The Sight for Students Program is VSP Vision Care's national charity program that provides free eye exams and eyeglasses, when prescribed, to those children who qualify. In order for a child to qualify for the program, there are certain eligibility criteria that must be met. TO APPLY FOR SERVICES, SUBMIT THIS COMPLETED APPLICATION TO YOUR NEAREST PREVENT BLINDNESS TEXAS OFFICE. Please print or type legibly. Incomplete applications will not be processed. Please allow 2-3 weeks to process your application.

SECTION I: CHILD'S GENERAL INFORMATION (PLEASE PRINT OR TYPE)

Child's Name (First, Middle, Last):
Date of Birth (Month/Day/Year): / / Age: Sex: Male Female
Social Security Number: - - Race:
Mailing Address: Apt. #:
City: State: Zip: County:
Referring Agency/School: Contact Phone:

SECTION II: PARENT/GUARDIAN INFORMATION (PLEASE PRINT OR TYPE)

Parent/Guardian Name: Relation to Child:
Parent/Guardian Social Security Number (if applicable): - -
Phone Number: Email Address:

SECTION III: CHILD'S ELIGIBILITY AND BACKGROUND INFORMATION

Has the child failed a vision screening? Yes No
Is the child enrolled in Medicaid or CHIP? Yes No
Is the child enrolled in any other type of insurance, besides Medicaid or CHIP, which covers EYE EXAMS? Yes No
If yes, does the insurance cover EYEGLASSES? Yes No
Has the child used the Sight for Students Program during the last 12 months? Yes No
Is the child enrolled in the School Free and Reduced Lunch Program? Yes No
Total Annual Household Income: \$ Number of ALL Persons in the Household:

SECTION IV: PARENT/GUARDIAN AGREEMENT (PLEASE READ AND SIGN BELOW)

All information on this application is kept in the strictest confidence by Prevent Blindness Texas, Prevent Blindness America and agencies associated with our programs. By signing below, I attest that the above information is true and complete to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE: DATE:

PLEASE SUBMIT THIS COMPLETED APPLICATION VIA MAIL OR FAX TO YOUR NEAREST PBT OFFICE:

North Texas Region
3610 Fairmount St.
Dallas, TX 75219
Fax: (214) 521-5248

Southeast Texas Region
2202 Waugh Dr.
Houston, TX 77006
Fax: (713) 529-8310

Southwest Texas Region
1600 N.E. Loop 410, Suite 125
San Antonio, TX 78209
Fax: (210) 236-7671

Table with 4 columns: GC No., GC Mailed To (Parent/Agency/School), Date GC Mailed, GC Mailed By.