



Suite 200
 739 West Peachtree Street NW
 Atlanta, GA 30308-1137
 (404) 266-2020 tel
 (404) 266-0860 fax
 (800) 477-4448 toll free

Eye Care Assistance Program
 provided by

Visionworks/Davis Vision

Let's Go See

Exam & glasses Glasses only

 Name (please print) Date of Birth

 Street Address City, State, Zip

 Primary Phone Alternate Phone

Has the child failed a previous vision screening? Yes _____ No _____

Please select which type of insurance you have (if any):

Medicaid Medicare State coverage _____

Vision coverage through employer Other (please describe): _____

I attest that the above information is true to the best of my knowledge:

Signature _____

Date _____

Mail, fax, or email applications to:

Attn: Raquel Hemby
Prevent Blindness Georgia
739 West Peachtree Street NW, Suite 200
Atlanta, GA 30308
404-266-0860 fax
404-537-4986 tel
RHemby@pbga.org

Office Use only: m/d _____ g/c # _____