

Healthy Eyes Eyeglass Program Client Application Form



In order to qualify for this Eyeglass Program, there are certain eligibility criteria that must be met. The following questions will determine if the program can help you.

Name: _____ **Date of Birth:** _____

Sex: Male Female **Ethnicity/Race:** _____

Address: _____

City/State/Zip: _____ **County:** _____

Phone: _____ **Email Address:** _____

Have you failed a vision screening? Yes ___ No ___

Are you enrolled in Medicare? Yes ___ No ___

Are you enrolled in Medicaid? Yes ___ No ___

Are you a veteran? Yes ___ No ___

 If **yes**, are you receiving Veteran Benefits? Yes ___ No ___

If you are receiving other financial assistance for your eye care, please indicate here _____

Have you had an eye exam with in the last 2 years? Yes ___ No ___

Do you have a current prescription for eye glasses? Yes ___ No ___

 If **yes**, what is the date when the prescription was written? _____

Have you received support from the One Sight program previously? Yes ___ No ___

 If **yes**, do you have a new prescription or damaged glasses? Yes ___ No ___

What is the yearly family income? _____

How many members belong to the family (include parents and children)? – Circle number below

 1 2 3 4 5 6 7 8 Other _____

Do you have glaucoma? Yes ___ No ___

 If **yes**, are you taking medication for treatment of Glaucoma? Yes ___ No ___

Do you have Diabetes? Yes ___ No ___

 If **yes**, are you on medication or diet controlled (circle one)?

 Is your sugar levels stable? Yes ___ No ___

Do you have high blood pressure? Yes ___ No ___

 If **yes**, are you taking medication? Yes ___ No ___

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

Signature Date

Please note that should you be eligible for this program, your One Sight voucher will be limited to the following restrictions:

- One voucher per person
- The voucher does not include an eye exam
- The recipient chooses from a special assortment of frames
- Multifocals will be limited to traditional flat-top bifocal. No-line bifocals are not included.
- All children up to age 12 will receive polycarbonate lenses.
- Breakage Protection Plan is not applicable. Due to the charitable nature of this program, neither Luxottica nor One Sight will provide warranty or guarantee on the eyeglasses if they are stolen or lost.
- Under no circumstances will upgrades on frames and/or lenses be permitted.

Please submit this application with supporting income documentation via mail or fax to:

Prevent Blindness Georgia, 739 W. Peachtree Street, Suite 200, Atlanta, Ga 30308 Phone: (404) 266-2020 Fax: (404) 974-2947