

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: _____
Address: _____	City/State/Zip: _____
Telephone Number: _____	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 receiving Veteran's Benefits?	Yes _____ No _____
If you are receiving other financial assistance for your eye care, please indicate here _____	
Do you have a current prescription for eyeglasses?	Yes _____ No _____
If yes, what is the date when the prescription was written? _____	
Have you received support from the OneSight 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 2 4 5 6 7 8 Other _____	

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 OneSight 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 unless it is written on the prescription.
- 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 OneSight 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 via mail or fax to: Prevent Blindness Georgia, 739 W. Peachtree Street, Suite 200, Atlanta, GA 30308, 404-266-2020, 404-266-0860 (fax).