

VSP Mobile Eyes Program Gift Certificate Application



In order to qualify for the VSP Mobile Eyes 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 <input type="checkbox"/> Female <input type="checkbox"/>	Ethnicity/Race: _____
Address: _____	
City/State/Zip: _____	County: _____
Phone: _____	Email Address: _____
Have you had a vision screening?	Yes ___ No ___
If yes , did you fail the screening	Yes ___ No ___
Are you enrolled in Medicaid or other vision insurance?	Yes ___ No ___
Are you a US citizen or immigrant with a Social Security Number?	Yes ___ No ___
SSN: _____	
Are you a veteran?	Yes ___ No ___
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 used the VSP Global Mobile Eyes Program during the last 12 months?	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 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