



### Eye Care Assistance Application

**SERVICE(S) REQUESTED:**

EYE EXAM     GLASSES

**HAVE YOU UTILIZED THIS PROGRAM BEFORE?**

NO     YES (When: \_\_\_\_\_)

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
GENDER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PREFERRED CONTACT METHOD & TIME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP, COUNTY

\_\_\_\_\_  
DATE OF MOST RECENT EXAM

\_\_\_\_\_  
PROVIDER NAME

\_\_\_\_\_  
PARENT'S NAME (IF UNDER 18 YEARS OF AGE)

\_\_\_\_\_  
SCHOOL (IF APPLICABLE)

DO YOU HAVE?     Diabetes     Glaucoma     Cataracts     Macular Degeneration     Low Vision

DO YOU HAVE ANY FORM OF INSURANCE WITH A VISION BENEFIT?     NO     YES (**STOP HERE!** You do not qualify)

**MONTHLY HOUSEHOLD INCOME (ATTACH A COPY OF ALL INCOME SOURCES, SUCH AS PAYSTUBS, SOCIAL SECURITY, ETC.)**

LIST **ALL** MEMBERS OF YOUR HOUSEHOLD, EVEN IF THEY DO NOT HAVE INCOME, AS WELL AS **ALL** SOURCES OF INCOME.  
*(Financial determination is used to calculate costs and does not disqualify you from this program.)*

<u>HOUSEHOLD MEMBER NAME</u>	<u>RELATIONSHIP</u>	<u>INCOME SOURCE</u>	<u>AMOUNT</u>	<u>PROOF</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
TOTAL GROSS <u>MONTHLY</u> INCOME.....			\$ _____	_____
TOTAL GROSS <u>ANNUAL</u> INCOME.....			\$ _____	_____

VISA, MASTERCARD, CASH OR MONEY ORDERS ARE THE ONLY ACCEPTED PAYMENT OPTIONS. ALL PAYMENTS ARE DUE AT TIME OF SERVICE. PAYMENTS MUST BE PAID IN FULL TO NORTH CENTRAL SIGHT SERVICES PRIOR TO EXAMS BEING SCHEDULED OR GLASSES BEING ORDERED. REIMBURSEMENT WILL NOT BE PROVIDED FOR EXAMS SCHEDULED OR GLASSES ORDERED WITHOUT AGENCY AUTHORIZATION. I AGREE TO UPDATE NORTH CENTRAL SIGHT SERVICES OF ANY FINANCIAL AND/OR INSURANCE CHANGES MADE BETWEEN THE TIME OF THIS APPLICATION AND THE DATE OF SERVICES.

**UPON SIGNING THIS DOCUMENT, I CERTIFY THAT ALL OF THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE