



## VISION USA – The Wisconsin Project Patient Application Form

VISION USA – The Wisconsin Project is an independent program run by the Wisconsin Optometric Association (WOA), a non-profit association consisting of doctors of optometry that practice in Wisconsin. The program offers comprehensive eye care services to children age 18 and under who are from low income, working families and have no insurance which covers vision and eye health care. Applications will be accepted year-round, and if approved, the applicant will be sent information in order to contact a local doctor to set up an eye exam. It is the parent/guardian's responsibility to contact the doctor and make the appointment. Each eligible child will receive a free comprehensive eye examination. **Note: WOA volunteer doctors provide these services, and a participating doctor may or may not be available in your area.**

**Eligibility requirements are as follows. Please read them carefully, to make sure your child qualifies:**

1. Patients must be age 18 or under and enrolled in K-12 school in Wisconsin.
2. Patients must have NO insurance which covers eye care (this includes vision and eye health coverage through Medicaid, Blue Cross/Blue Shield, and BadgerCare). **If the patient has insurance that covers eye care, he or she will be denied an exam through VISION USA – The Wisconsin Project.**
3. Patients must NOT have had an eye exam provided *by an eye doctor* within the last 12 months of applying for the program. **If the patient has had an eye exam by an eye doctor within the 12 months of application, he or she will be denied an exam through VISION USA – The Wisconsin Project.**
4. Family income must be within an established level according to household size; this is based upon the U.S. Federal Poverty Guidelines. **\*\*Parents or guardians must enclose either a copy of their most recent tax return, or a verification letter from the child's school stating that the child qualifies for free/reduced lunch. If proper income verification is not included with the application, the application will be returned to the parent/guardian.**
5. Parent or guardian of the child must be currently working at least part-time.

**The applicant must meet ALL requirements to qualify for the program.**

More than one person in each family may apply for a VISION USA exam, if eligibility requirements are met. Please submit one application per child. **For more information or to obtain an application in Spanish, please visit the VISION USA page on the WOA website, [www.woa-eyes.org/vision-usa-public](http://www.woa-eyes.org/vision-usa-public), or call 1-877-435-2020. Please note: WOA staff does not speak Spanish.**

Send this completed form, with requested information, to the WOA office at the following address:

**VISION USA – The Wisconsin Project  
6510 Grand Teton Plaza, Suite 312  
Madison, WI 53719  
Fax: 608-824-2205**



## VISION USA – The Wisconsin Project Patient Application Form

VISION USA - The Wisconsin Project offers comprehensive eye care services at no cost to children age 18 and under, enrolled in school, who are from low income, working families and have no insurance which covers vision and eye health care. Services are donated by volunteer optometrists and may be limited in some areas. VISION USA – The Wisconsin Project is an independent program run by the Wisconsin Optometric Association, a non-profit association consisting of doctors of optometry that practice in Wisconsin. **Eligibility requirements must be met in order to qualify.**

**You must answer ALL information and questions. Incomplete applications will be returned or discarded.** Please complete one form for each child applying. PLEASE PRINT LEGIBLY.

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Social Security Number (\*required for U.S. citizens): \_\_\_\_\_

Child's Gender (circle one):    Male            Female            Date child will/did enter kindergarten: \_\_\_\_\_

**Please Answer All Questions Below (circle either "yes" or "no" for each question):**

- |  |     |    |
|--|-----|----|
| 1. Is the applicant age 18 or under? (required for approval)   | YES | NO |
| 2. *Is the applicant a U.S. citizen? (not required for approval)   | YES | NO |
| 3. Does applicant have eye care coverage by any type of government or private health care insurance (ex. Medicaid, Medicare, Blue Cross/Blue Shield, BadgerCare)? (If yes, applicant will be denied an exam through VISION USA – The Wisconsin Project). | YES | NO |
| 4. Has applicant had an eye examination at an <u>eye doctor's</u> office within the last 12 months? (If yes, applicant will be denied an exam through VISION USA – The Wisconsin Project).   | YES | NO |
| 5. What is the total number of people living in your household, including applicant? (response required) _____   |     |    |
| 6. What was your household's adjusted gross income last year? (response required) ** _____ **  |     |    |
| 7. Is a parent or guardian of the above child currently working at least part-time? (response required)  | YES | NO |
| 8. Who referred you to this program? _____   |     |    |

**\*\*Please include a copy of your most recent federal tax return or school verification of the child's free/reduced lunch. This application will be returned, if income verification is not included. If it is discovered that applicant is ineligible for the program after the exam has taken place, the cost incurred will be the responsibility of the parent/guardian of that child.**

Your completed application form will be reviewed to determine your child's eligibility. If he or she qualifies for the program, you will receive a letter with information in order to contact a participating doctor in your area. If your child does not qualify, you will be notified in writing within two to four weeks of receipt of your application. **Please return the completed application to: VISION USA – The Wisconsin Project, 6510 Grand Teton Plaza, Suite 312, Madison, WI 53719.**