APPLICATION WORKSHEET FOR VISION NC SERVICES

Applicant Instructions

_____ Fill out application below.

_____ Locate and contact a social service agency. When scheduling your appointment with the agency, explain that you are in need of their assistance in submitting the application.

_____ Bring application, identification and proof of income documents with you.

_____ Social service agent will submit application and Vision NC will respond.

(A contact lens exam and / or contacts are not available through this program.)

*This application **must** be submitted to Vision NC by a social service agency.*

_____ Retain a copy of this application for your records.

If you are assigned an appointment

_____ You are responsible for your own transportation and must be on time for your appointment to avoid scheduling conflicts.

_____ Contact the doctor's office 48 hours in advance of the day of your appointment should you need to cancel or reschedule.

_____ Missed appointments will not be rescheduled and will further disqualify you from receiving free eye care. Appointment days and times are limited.

Proof of income is required for total income for each member of the household from all sources listed below:

1. Employment	$_____
2. Severance	$_____
3. Unemployment	$_____
4. Child Support	$_____
5. Social Security	$_____
6. SSI	$_____
7. Disability	$_____
8. Retirement	$_____
9. AFDC	$_____
10. Worker's Comp	$_____
11. Food Stamps	$_____
12. Other	$_____
Total	$_____

Please Read Eligibility Requirements Before Completing Application Worksheet
"All" Program Eligibility Requirements must be met

VISION NC PROGRAM ELIGIBILITY REQUIREMENTS

1. Must be a US citizen or legal resident with a social security or legal resident number
2. Have not had an eye exam within the past 24 months
3. Have an income below established guidelines based on household size* (*see chart below*)
4. Have not received a doctor referral through the VISION NC program in the past two years
5. Maximum of 4 applicants per household per year

To ensure you are meeting all requirements, or to find out where and how to submit your application, please visit our website at www.nceyes.org/vision-nc

Section 1. Applicant Information **ALL INFORMATION IN THIS SECTION IS REQUIRED**

First Name	Last Name	Phone Number: Area Code + Number ( )	Other Phone: Area Code + Number ( )

Street Address: Number, Street, Apt. or Lot Number	City	State	Zip Code

Birth Date (MM/DD/YYYY) / /	Gender __ Male __ Female __ Transgender __ Gender Non-Binary	Last 4 Digits of Social Security or Legal Resident Number **REQUIRED**
Ethnicity (See Below*)	Have you had an eye exam in the last 2 years? _____ No _____ Yes (if yes, not eligible)	Covered by Private or Government Insurance, Medicare or Medicaid _____ No _____ Yes (if yes, not eligible)

Ethnicity: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern, Native Hawaiian or Other Pacific Islander, White

Section 2. Income Worksheet - VERIFICATION OF INCOME IS REQUIRED *Include income from all members of household*

Monthly Employment Income, Severance or Unemployment	Monthly Child / Spousal Support	Monthly Social Security, SSI or Disability	Monthly Retirement Income or Workers Compensation	Other Monthly Income (Food Stamps, AFDC, Etc.)	Total
$	$	$	$	$	$
			Total Approximate Monthly Income **REQUIRED**		
			How many people live in the household? **REQUIRED**		

VERIFY INCOME ELIGIBILITY USING THE CHART BELOW. MUST BE "AT OR BELOW" THE AMOUNT SHOWN FOR THE NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD.

Income Level	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	Each Add'l
Annual	$30,120	$40,880	$51,640	$62,400	$73,160	$83,920	$94,680	$105,440	$116,200	$10,760
Monthly	$2,510	$3,407	$4,303	$5,200	$6,097	$6,993	$7,890	$8,787	$9,684	$897

Section 3. Additional Applicant Information

Has the applicant received a doctor referral through the VISION NC program in the past two years?	No ☐ Yes ☐ If yes, not eligible

Section 4. Signature

I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic termination and suspension from making future applications. I give permission for information contained herein to be collected for statistical purposes and understand that patient information will be held in the strictest confidence and will not be shared with other entities.

Applicant / Guardian Signature	Date

Visit our website www.nceyes.org/vision-nc to find out where to send your application

Doctors donate their services and are limited in some areas. Eyeglasses may be provided at no cost.
Additional resources for free eyeglasses are listed on our website www.nceyes.org/vision-nc.

Referral agency instructions on reverse side

Social Service Agency's Instructions

VISION NC provides a basic eye examination to low-income, uninsured US citizens or legal residents. Member doctors of the North Carolina Optometric Society donate their services and are limited in some areas. Eyeglasses may be provided at no cost. Additional resources for free eyeglasses are listed on our website www.nceyes.org/vision-nc.

IMPORTANT: APPLICATIONS MUST BE SUBMITTED BY A SOCIAL SERVICE AGENCY

Section 1. Social Service Agent Contact Information

First Name	Last Name	Agency Phone: Area Code + Number ( )	Other Phone: Area Code + Number ( )
Agency Name (Agency / organization will be verified)			
Agency Street Address: Number, Street, Suite, Room, Floor, Etc. Code		City State Zip	
Email address REQUIRED -- All followup contact will be sent via email to agency			

To qualify, applicants must meet all five of the eligibility requirements. Verify eligibility requirements below

BEFORE submitting application:

ELIGIBILITY REQUIREMENTS

1. Does applicant have income higher than the established level based on household size?*   Yes _____   No _____

2. Has applicant had an eye exam in the past 24 months?   Yes _____   No _____

3. Is the applicant unable to provide a social security or legal US resident number?   Yes _____   No _____

4. Has applicant received a doctor referral through the VISION NC program in the last two years?   Yes _____   No _____

IF "YES" IS ANSWERED TO ANY OF THE QUESTIONS ABOVE, APPLICANT IS NOT ELIGIBLE FOR SERVICES. DO NOT SUBMIT AN APPLICATION.

*INCOME LEVELS - MUST BE "AT OR BELOW" THE AMOUNT SHOWN FOR THE NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD.

Income Level	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	Each Add'l
Annual	$30,120	$40,880	$51,640	$62,400	$73,160	$83,920	$94,680	$105,440	$116,200	$10,760
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AGENCY INSTRUCTIONS

_____Receive completed application worksheet from client (or work with client to complete).

_____Verify applicant meets "all" eligibility requirements, including review of proof of income documents.

_____Submit application following instructions at www.nceyes.org/vision-nc

_____Vision NC will follow up with next steps and additional information.

_____Retain a copy of the application worksheet and communications for future reference.

Clients Name_____   Date Application Submitted _____