



## 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](http://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 <b>REQUIRED</b> -- 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?\*
2. Has applicant had an eye exam in the past 24 months?
3. Is the applicant unable to provide a social security or legal US resident number?
4. Has applicant received a doctor referral through the VISION NC (formerly VISION USA) program in the last two years?

Yes _____	No _____
Yes _____	No _____
Yes _____	No _____
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	\$25,520	\$34,480	\$43,440	\$52,400	\$61,360	\$70,320	\$79,280	\$88,240	\$97,200	\$8,960
Monthly	\$2,127	\$2,873	\$3,620	\$4,367	\$5,113	\$5,860	\$6,607	\$7,353	\$8,100	\$747

#### 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](http://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 \_\_\_\_\_