



Eye Care for Kids Foundation
9660 Hillcroft, Suite 325
Houston, TX 77096
Phone: (713) 728-5437, Fax: (713) 728-9304

Instructions for Eye Care for Kids Foundation Program Services

You are applying for services for a free comprehensive eye exam and eyeglasses, provided by Eye Care for Kids Foundation.

Parent/Guardian: Fill out boxes 1-4.



Box 1: Student Information, write the student's name and date of birth. Include the child's sex, grade and ethnic origin. **(These questions are for research purposes.)**

The school nurse will fill out the "Visual Acuity" box.



Box 2: Parent/Guardian Information, write your name, home address, zip code and phone number where you may be reached. Make sure to list any additional phone numbers in case we need to contact you.



Box 3: Student Insurance Information, you must indicate if your child has insurance, and if so, what type. If you indicate that your child does not have insurance, Eye Care for Kids Foundation in partnership with "Children's Defense Fund" will assist you in applying for CHIP/Medicaid. We now require that any student who applies for Eye Care for Kids Foundation, also take time to apply for CHIP/Medicaid. This will not affect your benefits with Eye Care for Kids Foundation. Our goal is to ensure that students who are eligible for CHIP/Medicaid make an effort to receive health coverage.



Box 4: Family Income Information, write your monthly household income, for the head of household and any other working family members. Include any other income that is received in the "Other Income" field. Include child support, alimony or government assistance. Indicate the number of adults living in the household and list their ages. Also indicate the number of children and other relatives in the household and their ages.

Once you have complete boxes 1-4, return the application to the school nurse/social worker, she will then revise and fax the application to our office. Allow one week to receive a response.



Box 6: Assigned Doctor, once approved call the provider doctor listed in **box 6**. Inform them that you have an Eye Care for Kids voucher. It is your responsibility to make and keep the appointment. Failure to keep your appointment will result in forfeiture of services.

*** You must bring the approved application with you to the doctor's office on the day of your appointment, as it will act as a payment voucher. The application is not approved until it has been reviewed by Eye Care for Kids Foundation and your child has been assigned a provider doctor.**