



**Assistance Application**

Services needed:  Eye Exam & glasses  glasses only

Child's Name (please print) \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of School \_\_\_\_\_ Address of School \_\_\_\_\_ County \_\_\_\_\_

Social security number (child's or parent's is required) \_\_\_\_\_ total number of people in the household \_\_\_\_\_

Home address \_\_\_\_\_ city, state, zip \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate number \_\_\_\_\_

- Are you eligible for Medicaid?  YES  NO
- Do you currently have benefits through Medicaid?  YES  NO
- Do you have private vision insurance?  YES  NO
  - if YES who is your carrier \_\_\_\_\_
- Other (please describe) \_\_\_\_\_
- What is the **Total** Yearly family income? (i.e. spouse, dependent income, etc.) \$ \_\_\_\_\_
  - At least **TWO** of the following proofs of income are **REQUIRED**. Applications **WILL NOT** be processed without **TWO** types of proof of income or a **NOTARIZED** document stating absence of income. It may come from you or someone that may provide financial assistance to you. It may also come from the organization that is referring you if you have no income. Please note that all applications sent **WITHOUT** appropriate income verification will be sent back automatically without exception.

**Proof of income includes:**

- Last year's tax return
- Last 2 months of bank statements = 1 proof of income
- 2 current paycheck stubs = 1 proof of income
- Social Security Administration Award Letter. (If you receive direct deposit, circle the item on the bank statement)
- Unemployment Claim/Wage Inquiry statement
- Information, including monthly amount received, of any source of income (i.e. TANF, pension, retirement, chile support)

**BY SIGNING BELOW, I ATTEST TO THE BEST OF MY KNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE:**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**MAIL OR FAX APPLICATIONS TO:**

Prevent Blindness Georgia  
Attn: Shavette L Turner  
270 Carpenter Drive #606  
Sandy Springs, Georgia 30328  
404-266-0860-Fax