Prevent Blindness North Carolina®

Youth Voucher Program Questionnaire
Revised 5/1/2015

***THIS IS NOT AN APPLICATION OR A VOUCHER FOR SERVCES.
Please return this form to your child's school nurse who will complete the application process***

Applicant (Child) Name: _____
First Name *Middle Name* *Last Name(s)*

County of Residence: _____

Applicant Address: _____

City: _____ State: NC Zip Code: _____

School Attending: _____ Grade: _____

ELIGIBILITY QUESTIONS:

What type of assistance does the child need? (check only one box) ☐ Eye Glasses only OR ☐ Eye Exam and Glasses

Is the child currently enrolled in school and between the ages of 2 and 19 years? ☐ NO ☐ YES

Is the child or child's parent/legal guardian a US citizen or documented immigrant with a Social Security number? ☐ NO ☐ YES
Check NO if the child or parent/legal guardian has a Taxpayer ID number (begins with the number "9") or if the number contains letters.

How many people (children and adults) are living in the household? _____

What is the total YEARLY household income before taxes? _____
Household income includes employment, severance, unemployment, child support, social security, SSI, disability, retirement, AFDC, workers compensation, and food stamps.

Does the child have vision benefits under TRICARE? ☐ NO ☐ YES

Does the child have vision benefits under NC Medicaid, Health Choice, or any other insurance policy? ☐ NO ☐ YES

Can the child access other eyeglass benefits at this time? ☐ NO ☐ YES

Has the child been issued and/or used a VSP, Healthy Eyes, or Donor Docs voucher within the past 365 days? ☐ NO ☐ YES

Does the child have a current (less than 12 months old) prescription for eyeglasses? ☐ NO ☐ YES

Comments: _____

For Referring Agent Use (does not need to be put into online application):

Parent/Legal Guardian Name: _____

Telephone number: (_____) _____-_____

IMPORTANT: Applications must be submitted to PBNC by a Referring Agent (not a parent or legal guardian). Referring Agents can be a school or health department nurse, physician's office, social worker, or school personnel. If incomplete or inaccurate information is given, the eye care provider may decline service or require payment from the family at the time of service.