

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	L			
County of Residence:						
Applicant Address:						
City:			_ State: NC	Zip Code:		_
School Attending:				Grade:	_	
ELIGIBILITY QUESTION	IS:					
What type of assistance	does the child need?	(check only one box)	☐ Eye Glas	sses only <u>OR</u> Ey	ye Exam and	d 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 NO 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						YES letters.
How many people (child	en and adults) are liv	ring in the household?				
	des employment, sev	before taxes? erance, unemployment, child	 d support, social se	curity, SSI, disability, rei	tirement, AF	DC, workers
Does the child have vision	on benefits under TRI	CARE?			□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 cu	rrent (less than 12 m	onths old) prescription for ey	/eglasses?		□NO	YES
Comments:						
For Referring Agent Us	e (does not need to	be put into online applica	tion):			
Parent/Legal Guardian N	lame:					
Telephone number: () -					

<u>IMPORTANT:</u> 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.