

Dear Parent/Guardian,

I am working with our local school nurses and the National School Nurses Association in a program called, "Sight for Students". This program allows the children from families who qualify, to receive a free eye exam and glasses from participating eye doctors. It has come to my attention that your son/daughter may be in need of glasses. If you are willing to provide the school with the following information, we will see if you qualify for this program. Your information will be kept confidential and will not be given to any other agency. The school nurse and the school counselor will decide if you meet the requirements for help.

If you qualify, we will give you a certificate and a list of the participating doctors and the contact information for addresses and phone numbers. You will then make an appointment with the doctor and take the certificate to show the doctor's receptionist.

Thank you and good luck,

School Counselor/

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## SIGHT FOR STUDENTS

### Qualifications to Apply for a Free Eye Exam

*Please Note: You do not qualify if you cannot provide a Social Security Number •Have Medicaid or other vision insurance• Exceed Federal subsidy guidelines for household income.*

You must provide a Social Security number of parent **OR** child:            -            -

Is your child enrolled in Medicaid or other vision insurance?    YES    NO

What is the size of your family living at home (including children, adults, parents, etc.)?

1    2    3    4    5    6    7    8    9    10    11    12

What is your gross household income per year?    \$            *(Income before taxes and expenses)*

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## REQUEST FOR FREE EYE EXAM

Date:

Child's full name:            Date of Birth:

Parent Name:

Address:

Phone number: