☐ Processing Fee Paid

☐ Application Approved

VISION SERVICES
OF WASHINGTON-GREENE

_____
Date Approved

566 East Maiden St, Washington, PA 15301

Phone: 724-228-0770 Fax: 724-228-6617

Email: info.visionservices@gmail.com www.vsowg.org

# Eyewear Program Income Eligibility Form

Name of Applicant: _____

Is above applicant adult or child? _____

Parent/Guardian Name (If applicant is a minor) _____

Address: _____

_____

Phone: Cell / Home _____

Employer: _____ Phone: _____

Employers Address: _____

_____

Family Members Living in Household (List Applicant First):

| Name | Date of Birth | Relationship to Applicant |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Does applicant have insurance, and does it include eye care?

_____

Do you have extenuating financial circumstances that would affect your ability to pay for eyecare? Yes / No

If yes, please explain:

_____

_____

_____

_____

- VSOWG has a few ways we help with eyecare, not only for children, but for adults as well. If qualified, we can assist with the cost of a vision exam and/or glasses.
- We will help each person once per year from date of application.
- VSOWG has a low-cost eye glass selection that you may pick from, if you choose to use this program you must bring in current prescription (less than 2 years old) from an eye doctor.
- We do require last year's W2 or most current paystub.

**Please send completed application to above address along with documentation requested. Eligibility for our program is based on 300% of the federal poverty guidelines. I acknowledge and accept the $15 processing fee for all glasses.**

_____

Applicant Signature Date