

# VISION USA REFERRAL AGENCY ACCESS FORM

Referral Agency Representative's Name \_\_\_\_\_

Referral Agency / Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referral Agent Email \_\_\_\_\_

Referral Agency / Organization Web Address \_\_\_\_\_

Referral Agency Phone Number \_\_\_\_\_

Can we list your agency / organization on the VISION USA website as a referral agent for low-income individuals in your community?      Yes      No

How did you hear about the program?

- Web Search - Website
- Print Advertisement - Flyer, Mailing, Post Card, etc.
- Health Care Organization - physical, optometrist, etc.
- Community Assistance Organization - Salvation Army, United Way, GoodWill, Lions Club, etc.
- Social Service Agency
- Education Organization - University, School, Head Start, etc.
- Religious Organization

I certify that all information contained herein is true and complete to the best of my knowledge and any misrepresentations may result in automatic termination and suspension from making future applications.

\_\_\_\_\_  
Signature of Referral Agent

\_\_\_\_\_  
Today's Date