

APPLICATION FOR VISION MISSISSIPPI SERVICES



Applicant Instructions

- _____ Fill out application below.
(Eyewear (frames and lenses) may be provided at no cost or for a small donation.)
(A contact lens exam and / or contacts are not available through this program.)
- _____ Locate and contact a social service agency. When scheduling your appointment with the agency, explain that you are in need of their assistance in submitting the application.
- _____ Bring application, identification and proof of income documents with you.
- _____ Social service agent will submit application and MVF will respond.
*This application **must** be submitted to MVF by a social service agency.*
- _____ Retain a copy of this application for your records.

If you are assigned an appointment

- You are responsible for your own transportation and must be on time for your appointment to avoid scheduling conflicts.
- Contact the doctor's office 48 hours in advance of the day of your appointment should you need to cancel or reschedule.
- Missed appointments will not be rescheduled and will further disqualify you from receiving free eye care. Appointment days and times are limited.

Proof of income is required for total income for each member of the household from all sources listed below:

1. Employment	\$ _____
2. Severance	\$ _____
3. Unemployment	\$ _____
4. Child Support	\$ _____
5. Social Security	\$ _____
6. SSI	\$ _____
7. Disability	\$ _____
8. Retirement	\$ _____
9. AFDC	\$ _____
10. Worker's Comp	\$ _____
11. Food Stamps	\$ _____
12. Other	\$ _____
Total	\$ _____

Please Read Eligibility Requirements Before Completing Application Worksheet

All Program Eligibility Requirements must be met

VISION MISSISSIPPI PROGRAM ELIGIBILITY REQUIREMENTS

1. Must be a US citizen or legal resident with a social security or legal resident number
2. Have no private or government insurance, Medicare or Medicaid
3. Have not had an eye exam within the past 24 months
4. Have an income below established guidelines based on household size* (see chart below)
5. Have not received a doctor referral through the VISION MS program in the past two years
6. Maximum of 4 applicants per household per year

Please work with a social service agency to submit this form to info@mvisionfoundation.org.

Section 1. Applicant Information ****ALL INFORMATION IN THIS SECTION IS REQUIRED****

First Name	Last Name	Phone Number: Area Code + Number ()	Other Phone: Area Code + Number ()
Street Address: Number, Street, Apt. or Lot Number		City	State Zip Code
Birth Date (MM/DD/YYYY) / /	Gender _____ Male _____ Female	Last 4 Digits of Social Security or Legal Resident Number REQUIRED	
Ethnicity Category (See Below*)	Have you had an eye exam in the last 2 years? _____ No _____ Yes (if yes, not eligible)	Covered by Private or Government Insurance, Medicare or Medicaid _____ No _____ Yes (if yes, not eligible even if eye care is not covered)	

*Ethnicity: (A) Asian, (AA) Black or African American, (H) Hispanic, (M) Multiracial, (NA) American Indian/Alaska Native, (O) Other/Unspecified, (PA) Native Hawaiian / Other Pacific Islander, (W) White

Section 2. Income Worksheet - VERIFICATION OF INCOME IS REQUIRED Include income from all members of household

Monthly Employment Income, Severance or Unemployment	Monthly Child / Spousal Support	Monthly Social Security, SSI or Disability	Monthly Retirement Income or Workers Compensation	Other Monthly Income (Food Stamps, AFDC, Etc.)	Total
\$	\$	\$	\$	\$	\$
Total Approximate Monthly Income REQUIRED					
How many people live in the household? REQUIRED					

*VERIFY INCOME ELIGIBILITY USING THE CHART BELOW. MUST BE "AT OR BELOW" THE AMOUNT SHOWN FOR THE NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD.

Income Level	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	9+
Annual	\$24,120	\$32,480	\$40,840	\$49,200	\$57,560	\$65,920	\$74,280	\$82,640	\$91,000	\$99,360
Monthly	\$2,010	\$2,707	\$3,403	\$4,100	\$4,797	\$5,493	\$6,190	\$6,887	\$7,583	\$8,280

Section 3. Additional Applicant Information

Has the applicant received a doctor referral through the VISION MISSISSIPPI program in the past two years? No Yes If yes, not eligible

Section 4. Signature

I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic termination and suspension from making future applications. I give permission for information contained herein to be collected for statistical purposes and understand that patient information will be held in the strictest confidence and will not be shared with other entities.

Applicant / Guardian Signature _____ Date _____

Once completed, please submit your application to info@mvisionfoundation.org

Eyewear may be provided at no cost or for a small fee/donation in some states. Doctors donate their services and are limited in some areas. Referral agency instructions on reverse side

Social Service Agency's Instructions

VISION MISSISSIPPI provides a basic eye examination to low-income US citizens or legal residents. Member doctors of the Mississippi Optometric Association donate services. Eyewear (frames and lenses) may be provided at no cost or for a small donation. (A contact lens exam and/or contacts are not available through this program.)

****IMPORTANT: APPLICATIONS MUST BE SUBMITTED BY A SOCIAL SERVICE AGENCY****

If you are an individual or referral agency that is not yet registered with the program visit <http://www.msvisionfoundation.org/visionms.html> to learn how to apply.

Section 1. Social Service Agent Contact Information

First Name	Last Name	Agency Phone: Area Code + Number ()	Other Phone: Area Code + Number ()
Agency Name (Agency / organization will be verified)			
Agency Street Address: Number, Street, Suite, Room, Floor, Etc. Code		City	State Zip
Email address REQUIRED -- All follow-up contact will be sent via email to agency			

To qualify, applicants must meet all five of the eligibility requirements. Verify eligibility requirements below **BEFORE** submitting application:

ELIGIBILITY REQUIREMENTS

- Does applicant have private or government insurance, Medicare or Medicaid?
- Does applicant have income higher than the established level based on household size?*
- Has applicant had an eye exam in the past 24 months?
- Is the applicant unable to provide a social security or legal US resident number?
- Has applicant received a doctor referral through the VISION MISSISSIPPI program in the last two years?

Yes _____	No _____
Yes _____	No _____
Yes _____	No _____
Yes _____	No _____
Yes _____	No _____

IF "YES" IS ANSWERED TO ANY OF THE QUESTIONS ABOVE, APPLICANT IS NOT ELIGIBLE FOR SERVICES. DO NOT SUBMIT AN APPLICATION.

***INCOME LEVELS - MUST BE "AT OR BELOW" THE AMOUNT SHOWN FOR THE NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD.**

Income Level	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	9+
Annual	\$24,120	\$32,480	\$40,840	\$49,200	\$57,560	\$65,920	\$74,280	\$82,640	\$91,000	\$99,360
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AGENCY INSTRUCTIONS

- _____ Receive completed application worksheet from client (or work with client to complete).
- _____ Verify applicant meets "all" eligibility requirements, including review of proof of income documents.
- _____ Submit application to the Mississippi Vision Foundation at info@msvisionfoundation.org
- _____ MVF's program coordinator will follow up with next steps and additional information.
- _____ Retain a copy of the application worksheet and communications for future reference.

Client's Name _____

Date Application Submitted _____

Applicant instructions on reverse side