



VSP, a national healthcare leader in eyecare services, founded the Sight for Students Program in 1997 to help low income children obtain free vision care. Since then, the National Association of Community Health Centers has partnered with VSP to administer the program. Here are key points to successfully implement the program locally.

- **VSP's ROLE:** VSP provides free eyecare services to qualifying students whose families' income is at or below 200% of the federal poverty level. Services include an eye exam from one of VSP's participating doctors and glasses, if prescribed.
- **HEALTH CENTER'S ROLE:** Identify eligible students/patients in your center who appear to require eyecare services. A child who will benefit from Sight for Students services must meet the following criteria:
 - Family income is at or below 200% of federal poverty level (see guidelines on our website)
 - Child is not covered by Medicaid or other vision insurance
 - Child is 18 years old or younger and has not graduated high school
 - Child or parent is U.S. citizen or documented immigrant with a social security number
 - Child has not used our program during the last 12 months

Note that the program does not cover the replacement cost of lost, stolen or broken glasses.

Please work directly with eligible students' families to go over paperwork and to help them access services, if necessary. Services will be awarded on a first come, first served basis.

- **ECONOMIC SELECTION CRITERIA:** VSP has targeted "gap kids" for our services. These families usually cannot obtain insurance at work and are not eligible for government programs. They earn up to 200% of the federal poverty level (families below poverty level usually qualify for Medicaid services). VSP's Sight for Students program is not available for recipients of Medicaid. Students are eligible to participate through age 18 (if 18, they must still be attending high school). Children or their parents must be U.S. citizens or documented immigrants with a social security number.
- **AWARD PROCESS:** To participate, please complete and send the *Easy as 1, 2, 3* form as instructed on the form. When we receive it, gift certificates and lists of local VSP doctors will be sent to you. If you run out of gift certificates or they expire, please submit a new *Easy as 1, 2, 3* form.

Instruct the family to make an appointment with a VSP doctor selected from the VSP List of Participating Doctors. Tell them to bring their gift certificate to the appointment. The doctor will provide an eye exam and, if glasses are prescribed, help the family choose appropriate materials then order and dispense eyeglasses. Eligible children may use our program once every 12 months.

- **SUCCESS STORIES:** Tell us about students who were positively affected by the program using the attached "Success Story" form. We will share these stories with VSP's staff and doctors.

If you have any questions, please visit our website or call Sight for Students at (888) 290-4964.

Easy as 1, 2, 3

To order Sight for Students gift certificates, please follow these simple steps.

- 1 Check eligibility.** Criteria:
- Family income is at or below 200% of federal poverty level (see guidelines on our website)
 - Child is not covered by Medicaid or other vision insurance
 - Child is 18 years old or younger and has not graduated from high school
 - Child or parent is U.S. citizen or documented immigrant with a social security number
 - Child has not used our program during the last 12 months.

Note that the program does not cover the cost to replace lost, broken or stolen glasses.

- 2 Complete this form.** If it is completed properly, your request will be processed within two working days and your name will be added to our website. Gift certificates and VSP doctor lists will be sent to you via U.S. mail (delivery may take up to three weeks).

3 Send form to VSP.

Mail
VSP Sight for Students / MS 228
P.O. Box 997100
Sacramento, CA 95899-9989

or Fax
(916) 858-5388

All information must be provided--incomplete forms will NOT be processed.

Date _____

Contact Name _____

Name of Health Center _____

Corporate Uniform Data System (UDS) # _____

Center's Street Address _____

Center's Mailing Address, if different (i.e., P.O. Box) _____

City _____ State _____ Zip _____

() _____
Center's Telephone # (not a cell phone, home phone, pager, etc.)

() _____
Center's Fax # _____

Contact's eMail address at Center _____

Gift Certificates Requested (*maximum 10*). _____

This form should not be forwarded to any individual (including doctors or their staff) or organization. Please refer interested parties directly to VSP.

By signing below, I attest that I am an authorized NACHC representative and will abide by the program's eligibility criteria in selecting students to be provided free eyecare services. I understand that abusing this program will forfeit my involvement with it, and that VSP will prosecute any criminal acts to the fullest extent of the law.

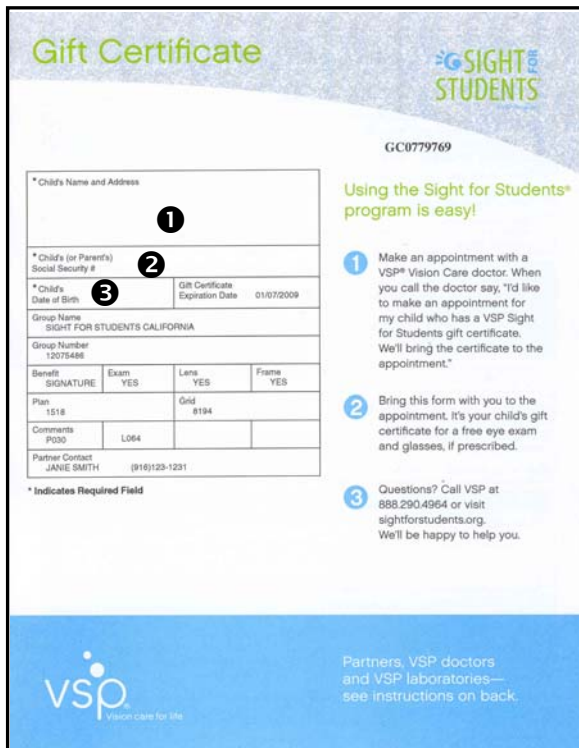
X _____
Signature of Contact

Unsigned forms will NOT be processed!

If you have questions about Sight for Students, please visit our website or contact VSP at (888) 290-4964.

Gift Certificate

- Identify a child who will benefit from Sight for Students' services. Verify he/she meets the following criteria:
 - Family income is at or below 200% of federal poverty level (see guidelines below)
 - Child is not covered by Medicaid or any other vision insurance
 - Child is 18 years old or younger and has not graduated high school
 - Child or parent is U.S. citizen or documented immigrant with a social security number
 - Child has not used our program during the last 12 months
- Complete three boxes on the VSP Gift Certificate (see illustration below):
 - CHILD'S NAME & ADDRESS** = Full name and home address
 - CHILD'S (OR PARENT'S) SOCIAL SECURITY #** = Use a parent's number if child does not have one
 - CHILD'S DATE OF BIRTH**
- The family should select a doctor from the VSP List of Participating Doctors and make an appointment. When making the appointment, they should tell the office their child has VSP insurance and will bring a VSP Gift Certificate with them.
- Please verify the family made an appointment. Remind them to bring the VSP Gift Certificate to the appointment in order to receive services.
- Contact the family to confirm the child kept the appointment. If the doctor prescribed glasses, confirm that the child returned to the doctor to receive them.



Gift Certificate

SIGHT FOR STUDENTS

GC0779769

* Child's Name and Address **1**

* Child's (or Parents) Social Security # **2**

* Child's Date of Birth **3** Gift Certificate Expiration Date 01/07/2009

Group Name: SIGHT FOR STUDENTS CALIFORNIA
Group Number: 12079466

Benefits: SIGNATURE Exam YES Lens YES Frame YES

Plan: 1518 Grid: 8194

Comments: P030 L064

Partner Contact: JAMIE SMITH (916)23-1231

* Indicates Required Field

Using the Sight for Students' program is easy!

- Make an appointment with a VSP® Vision Care doctor. When you call the doctor say, "I'd like to make an appointment for my child who has a VSP Sight for Students gift certificate. We'll bring the certificate to the appointment."
- Bring this form with you to the appointment. It's your child's gift certificate for a free eye exam and glasses, if prescribed.
- Questions? Call VSP at 888.290.4964 or visit sightforstudents.org. We'll be happy to help you.

Partners, VSP doctors and VSP laboratories—see instructions on back.

Guidelines computed to 200% of poverty level

200% OF FEDERAL POVERTY GUIDELINES (2009)

Size of Family Unit	48 Contiguous States & D.C.	Alaska	Hawaii
1	\$21,660	\$27,060	\$24,920
2	\$29,140	\$36,420	\$33,520
3	\$36,620	\$45,780	\$42,120
4	\$44,100	\$55,140	\$50,720
5	\$51,580	\$64,500	\$59,320
6	\$59,060	\$73,860	\$67,920
7	\$66,540	\$83,220	\$76,520
8	\$74,020	\$92,580	\$85,120
<i>For each additional person, add</i>			
	\$7,480	\$9,360	\$8,600

Please take a moment to ensure information on the gift certificate is correct and complete

If you have questions about the Sight for Students program, please visit our website or contact VSP at (888) 290-4964

Vision correction can have a dramatic impact on a child's ability to learn, participate in sports, and form a positive self-image. We would like to share success stories with VSP's staff and doctors. Since you helped identify children for this benefit, we ask your help in telling their story.

***** *please print clearly* *****

Date: _____

Your Name: _____ Telephone: (____) _____

Your Organization: _____
Name City State

Child's Name: _____ Child's Age: _____

Parent/Guardian's Name: _____ Telephone: (____) _____

Why was child referred? *(select as many as apply)*

- | | |
|---|---|
| <input type="checkbox"/> Eyes that cross or point outward | <input type="checkbox"/> Holding books and objects unusually close |
| <input type="checkbox"/> Frequent blinking, squinting, or rubbing eyes | <input type="checkbox"/> Short attention for visual activities |
| <input type="checkbox"/> Difficulty picking up small objects, catching balls, seeing distant objects (i.e., the blackboard) | <input type="checkbox"/> Frequent complaints of eye discomfort, headaches, or dizziness |

CHILD'S SUCCESS STORY

What were the results of the exam? If glasses were prescribed, how have they improved your life (better grades, better in sports, etc.)? If glasses were not prescribed, in what other way will this exam benefit you?
(use reverse or separate sheet if necessary)

Please send to: VSP Sight for Students/MS 228
P. O. Box 997100
Sacramento, CA 95899-9989

Fax: (916) 858-5388

If possible, please also send examples of success (photos, school work, etc.). We recognize the importance of patient confidentiality, so we will contact you and the family if we want to share this story.