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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 School Nurses 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.
- **YOUR ROLE:** School nurses are asked to identify eligible students/patients who appear to require eyecare services (see "Vision Assessment"). 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 (available on the NASN website at <http://nasn.org/membersonly/memblogin.asp>).

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.

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*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 to (916) 858-5388

***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 member of the National Association of School Nurses 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!**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
School's Street Address

\_\_\_\_\_  
School's Mailing Address, if different than above (i.e., PO Box)

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

( )  
School's Telephone # (not cellular, home or pager #)

( )  
School's Fax #

\_\_\_\_\_  
Contact's eMail address at school

\_\_\_\_\_  
# Gift Certificates Requested (*maximum 10*).

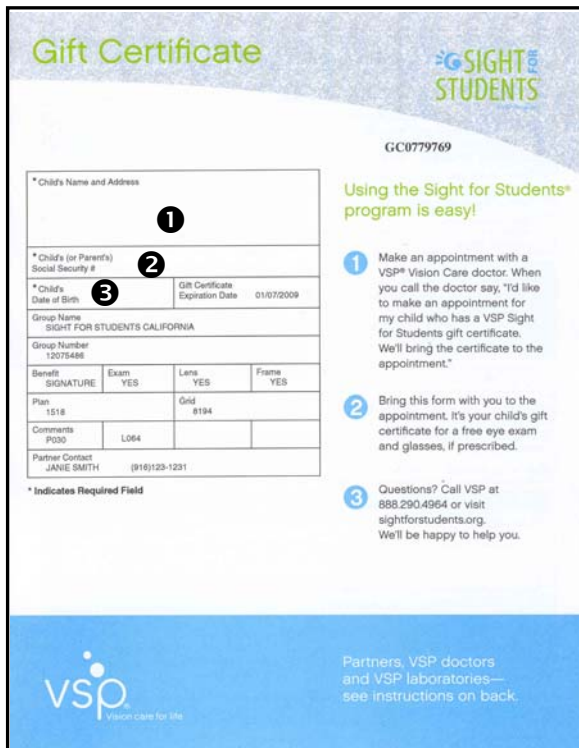
*Place a copy of your NASN membership card here. It must show membership for the **current** year. If you cannot locate your card, attach a letter from the NASN confirming current membership.*

*The card must be in the name of the contact person listed above.*

*If you have questions, please visit our website or contact VSP Sight for Students 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 ASSESSMENT

## What is a vision assessment?

Vision assessment checks how well a child can see and how well the eyes move together.

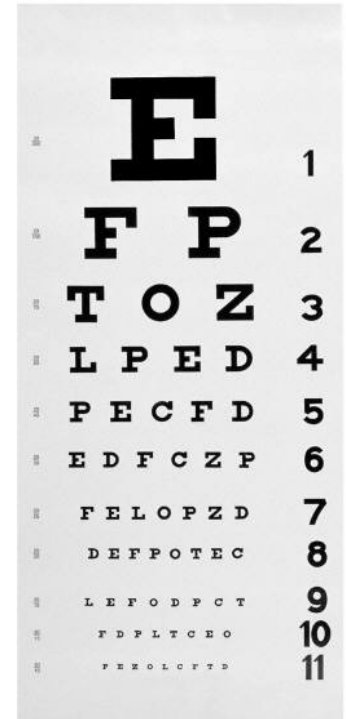
## How is a vision assessment done?

A vision assessment is done by a health professional or trained staff, parent, or volunteer. It involves:

- Having the child identify letters, shapes or figures on a standard eye chart
- Observing the child’s eye movements (“strabismus testing”)
- Observing for other eye abnormalities (e.g., redness, swelling, discharge)

## What might I observe?

- Eyes that cross or point outward
- Frequent blinking, squinting, or rubbing eyes
- Difficulty picking up small objects, catching balls, or seeing distant objects
- Holding books and objects unusually close
- Short attention for visual activities
- Frequent complaints of eye discomfort, headaches, or dizziness



**Vision is important for development, physical activity, and social interactions. Early identification and treatment of vision problems can help promote a child’s development.**

## Follow-up to a vision assessment:

A child “fails” the vision assessment if:

- She is unable to identify more than half the symbols on the 20/40 line
- There is more than a two-line difference in vision between one eye and the other, even if the worse eye is 20/40 or better.

The child should be re-tested. If she fails again, she should be referred to an eye doctor for evaluation and treatment. Children with eye infections should be re-tested after treatment.

Treatment may include:

- Antibiotics to treat eye infections
- Eye patch
- Eyeglasses
- Eye muscle surgery
- Special education or early intervention services

## SUCCESS STORY

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)*

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Please send to: VSP Sight for Students/MS 228 Fax: (916) 858-5388  
P. O. Box 997100  
Sacramento, CA 95899-9989

**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.**