

Recognizing the important role that vision plays in the educational process, Vision Service Plan (VSP), a national healthcare leader in the area of eyecare services, founded the Sight for Students Program several years ago to help low income children obtain vision care. VSP pledged to provide eye exams and eye glasses for needy children throughout the nation at the *President's Summit for America's Future*.

The collaborative partnership between The National Council of La Raza (NCLR) and VSP continues. Here are key points to successfully implement the program locally:

- **VSP's ROLE:** VSP provides free eyecare services to eligible students whose families' income is up to 200% of the federal poverty level. Services include an eye exam from one of VSP's participating doctors, as well as glasses if prescribed. There is no cost to families unless they choose to purchase a cosmetic option or other extra (see *Benefit Coverage*).
- **YOUR ROLE:** NCLR affiliates are asked to identify eligible students in your area of service who appear to require eyecare services. A child who will benefit from Sight for Students services must meet the following criteria:

- Family income is no more than 200% of poverty level (see guidelines on our website)
- Child is not eligible for 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

After identifying eligible students, please work directly with their families to go over paperwork and to help them access services, if necessary. VSP will provide services to 3,000 students served by NCLR nationwide. Services will be awarded on a first come, first served basis.

- **ECONOMIC SELECTION CRITERIA:** VSP has targeted the "gap kids" for these services, since their families usually cannot obtain insurance at work and they are not eligible for government programs. These families earn up to 200% of the poverty level (families below poverty level usually qualify for Medicaid services; they should be encouraged to obtain eyecare services that they are entitled to receive through Medicaid). The VSP 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. Once received, gift certificates that entitle students to free eye exams and materials will be sent to you, along with lists of local VSP doctors. **Note that gift certificates will be valid for one year and will then expire.** Each time you need gift certificates, 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 the eye exam and, if glasses are prescribed, help the family choose appropriate materials and order and dispense eyeglasses. Eligible children may use our program once every 12 months.
- **SUCCESS STORIES:** We would like you to report back on students who were positively affected by the program (see "Success Story" form attached). We will share these stories with your organization and VSP's staff and doctors.

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

Please help us identify students from your program to receive a Sight for Students award. Children who failed their vision screening but who, for financial reasons, were unable to secure proper follow-up diagnosis and prescription glasses, if needed, are prime candidates.

**1 Eligibility criteria:**

- Family income is no more than 200% of federal poverty level (see guidelines on our website)
- Child is not enrolled in 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.

**2** Complete this form and send it to VSP. Awards for services are made on a first come, first served basis so please respond as soon as possible. If services are available, gift certificates will be sent within three weeks and your name will be added to our website.

**3 Send form to:**

Mail or Fax  
National Council of LaRaza (202) 776-1790  
Attention: AMS Team  
1126 – 16<sup>th</sup> Street N.W.  
Washington, DC 20036

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

***please print clearly!***

Date

Contact Name

Affiliate Name

Affiliate's Physical Street Address

Affiliate's Mailing Address, if different (i.e., P.O. box)

City State Zip

( )

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

( )

Fax Number

Contact's eMail Address

# Gift Certificates Requested (maximum 25). For more gift certificates, please submit a new Easy as 1, 2, 3 form.

**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 representative of NCLR** 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 contact VSP at (888) 290-4964, or visit our website.*

## BENEFIT COVERAGE

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Elective Contact Lens	N
Necessary Contact Lens	R
Oversize Lens	Y
Blended Bifocals	P
Progressive Multifocal	P
Polycarbonate	Y
High Index	Y
Photochromic	Y
Polarized/Laminated	N
Ultra Violet Protection	P
Plano	N
Solid Tints and Dyes	Y
Plastic Gradient Dye	Y
Scratch Resistant Coating	Y
Anti-Reflective Coating	P
Color Coating	Y
Mirror and Ski Type Coating	N
Edge Treatments	Y
Vision Therapy	S
Low Vision	R

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**Y**    **Yes**, the item or benefit is provided under the patient's coverage

**N**    **Not a benefit under the patient's plan.** If this item is provided, the patient benefit for lenses and frames will not be covered.

**R**    **Requires prior authorization;** the item or service must be medically necessary for the patient's visual welfare.

**P**    **Patient pays additional costs** and service fees according to VSP Patient Option List.

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Sight for Students was created by Vision Service Plan to help needy children obtain eyecare and eyeglasses. Many non-profit organizations have committed to a partnership with VSP to make the Sight for Students program available to children across the country.

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, as well as with your organization. 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.). Of course, we recognize the importance of patient confidentiality. Therefore, we will contact you and the family for clearance if we want to use the student's story for external publicity at a later date.**