

New Eyes for the Needy Eyeglass Voucher Program Individual Client Application

What is the Purpose of the Program? The New Eyes for the Needy Eyeglass Voucher Program is designed to help low-income individuals in the U.S. purchase new prescription eyeglasses through a voucher program.

Who is Eligible? To be eligible for our program, applicants must:

- Be in financial need. In general, applicants should have incomes at or below the U.S. poverty guidelines. If there is an unusual financial situation or other circumstance that might be helpful to understand in reviewing this application, please explain it on Page 2.

| Family Size | Monthly Income | Family Size | Monthly Income | Family Size | Monthly Income |
|-------------|----------------|-------------|----------------|-------------|----------------|
| 1 | \$ 797 | 3 | \$1,340 | 5 | \$1,884 |
| 2 | \$1,069 | 4 | \$1,612 | 6 | \$2,155 |

- Have had a recent eye exam. Applicants must attach a **Xerox copy** of the eyeglass prescription to the application in order for the application to be processed. Do not send the original prescription.
- Have no other resources available to them to pay for glasses, including federal or state programs or assistance from local charitable organizations.

What Does the Voucher Pay For? A New Eyes voucher typically covers the cost of a basic pair of eyeglasses. *New Eyes for the Needy does not endorse the purchase of more costly glasses at a client's additional expense. The intent of our program is to help those most in need. Clients who have sufficient resources to supplement our voucher should not be eligible for our program.*

Please type or print legibly. Complete all requested information on pages 1 and 2 of the application form. Return the completed form and a Xerox copy of your most recent eyeglass prescription to the address below.

Applicant's Information

Applicant's Name _____ Phone # _____

Age _____ If a Minor, Parent or Guardian's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Occupation _____ Employer _____

Have you previously received help from New Eyes? Yes _____ No _____ If yes, when? _____

Do You Have: Private Health Insurance? Medicare? Medicaid? Other Public Health Assistance? (circle all that apply)

Have you contacted any other organization for assistance? _____ If so, specify _____

Applicant's Name _____

Household's Information

List All Family Members Living in the Household (include age and relationship to applicant)

| | |
|--|--|
| | |
| | |
| | |

Monthly Household Income

| | |
|------------------------------------|-----------|
| Applicant's Take-home Pay | \$ |
| Spouse's Take-Home Pay | \$ |
| Parent/Guardian's Take-Home Pay | \$ |
| Social Security Benefits | \$ |
| Disability Benefits | \$ |
| Retirement/Pension Benefits | \$ |
| Veteran's Benefits | \$ |
| Unemployment Benefits | \$ |
| Federal or State Public Assistance | \$ |
| Child Support/Alimony | \$ |
| Food Stamps | \$ |
| Other Income | \$ |
| Total Monthly Income | \$ |

Average Monthly Household Expenses

| | |
|-------------------------------|-----------|
| Rent/Mortgage | \$ |
| Food | \$ |
| Utilities | \$ |
| Telephone/Cell Phone | \$ |
| Medical Expenses | \$ |
| Car/Transportation | \$ |
| Insurance: Medical | \$ |
| Home | \$ |
| Life | \$ |
| Credit Card Payments | \$ |
| Child Care | \$ |
| Other Expenses | |
| Total Monthly Expenses | \$ |

Please tell us why you are applying for a New Eyes for the Needy voucher. Explain any unusual financial situation or other circumstance that might be helpful in reviewing this application. Attach an additional sheet if necessary.

I certify that the information given is true and accurate to the best of my knowledge.

Signature of Applicant or Parent/Guardian

Date