

NEW JERSEY APPLICATION WORKSHEET FOR VISION USA SERVICES

Please Read Eligibility Requirements Before Completing Application Worksheet

"ALL" PROGRAM ELIGIBILITY REQUIREMENTS MUST BE MET



VISION USA 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
5. Have not received a doctor referral through the VISION USA program in the past two years
6. Maximum of 4 applicants per household per year

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)	
Has the applicant received a doctor referral through the VISION USA program in the past two years? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, not eligible			

*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**

Proof of income is required for ALL member of the household from all sources listed below

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+
Monthly	\$1,437	\$1,940	\$2,442	\$2,945	\$3,447	\$3,950	\$4,452	\$4,955	\$5,457	\$5,960
Annual	\$17,235	\$23,265	\$29,295	\$35,325	\$41,355	\$47,385	\$53,415	\$59,445	\$65,475	\$71,505

Section 3. 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 Signature	Date
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FOR QUICKER SERVICE FAX APPLICATION TO (908) 788-5467 OR EMAIL TO NJLERC@AOL.COM OR MAIL TO: NJCURE COORDINATOR, #1 COPPERMINE VILLAGE, FLEMINGTON, NJ 08822

For program information visit our Website www.aoa.org/visionusa or call toll free (800) 766-4466

For Lions Club Use Only

Referring Agent Contact Information

Club #: _____

Name	Title	Email address REQUIRED -- All followup contact will be sent via email		
Agent Phone: Area Code + Number ()	Agency Street Address	City	State	Zip Code
Date Application Submitted Online	Vision USA# / Lions Club # _____ / 579 _____ - _____			
Date Eye Care Provider Assigned	Date Applicant Notified			
Signature of Club Representative				

Eyeglasses provided by
The New Jersey Lions Eyeglass
Recycling Center
www.njlerc.org



Applicant Instructions

- _____ Fill out application worksheet and fax, email or mail along with income verification documents to: (908) 788-5467; NJLERC@AOL.COM; NJCURE COORDINATOR, #1 COPPERMINE VILLAGE, FLEMINGTON, NJ 08822
- _____ Or, schedule an appointment with your local Lion’s Club. Bring completed application worksheet, identification and proof of income documents with you.
- _____ Lions Club / NJLERC representative will submit an online application and will receive an email notification on your behalf with the name of a volunteer doctor for you to contact directly to schedule an appointment for a no cost eye examination.
(A contact lens exam and / or contacts are not available through this program.)
- _____ Obtain a copy of the email notification from representative.
- _____ Call the doctor within **45 days** from the date of the email to schedule an appointment. Inform the doctor’s office that you were given the doctor’s name through VISION USA.
- _____ A standard pair of glasses or lined bifocals will be offered at no cost from a selection of frames. Upgrades are not allowed.
- _____ You are responsible for your own transportation and must be on time for your appointment to avoid scheduling conflicts.

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 | \$ _____ |

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.

Lion’s Club / NJLERC Referral Agency Instructions

VISION USA provides a basic eye examination to low-income US citizens or legal residents. Member doctors of the American Optometric Association donate services. Standard eyewear is provided at no cost due to support of The New Jersey Lions Eyeglass Recycling Center (www.njlerc.org) and The Essilor Vision Foundation (<http://essilorvisionfoundation.org>). Doctors donate their services and are limited in some areas.

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

ELIGIBILITY REQUIREMENTS

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

***INCOME LEVELS - MUST BE “AT OR BELOW” THE AMOUNT SHOWN FOR THE NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD (AFTER TAXES).**

Income Level	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	9+
Monthly	\$1,437	\$1,940	\$2,442	\$2,945	\$3,447	\$3,950	\$4,452	\$4,955	\$5,457	\$5,960
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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 all income documents.
- _____ Complete the “For Lions Club Use Only” section of the New Jersey Application for VISION USA Services.
- _____ Submit to Club President / Secretary to certify client “eligibility.”
- _____ Fax signed application worksheet to the NJ Cure Coordinator at (908) 788-5467.
- _____ Within 24-48 hours the NJ Cure Coordinator will receive email doctor assignment to be provided to client within 10 days of receipt. *(If no response is received within 3 working days, email the VISION USA offices at visionusa@aoa.org)*
- _____ Retain application worksheet with client file and follow up with client if needed

****IMPORTANT: APPLICATIONS TO BE SUBMITTED ONLINE BY NJ CURE COORDINATOR****

To print New Jersey Application Worksheets for VISION USA Services or for further information about the program, visit our website at www.aoa.org/visionusa. For inquiries about the New Jersey Cure Pilot Project, visit the New Jersey Lions Eyeglass Recycling Center website at www.njlerc.org.