



Lions Clubs International

LIONS DISTRICT 4-C4 MEMORANDUM

FOR IMMEDIATE RELEASE TO ALL CLUBS

November 14, 2012

VSP Vision Care and the California Vision Foundation have provided all Lions Districts in California with Certificates and Applications for FREE or LOW COST Eye Exams and Prescription Glasses for Children and Members of Low Income Families. Applications MUST meet eligibility requirements. Please see the information below.

Free VSP Vision Care Certificates for the needy are simple to obtain, as long as the applicant meets the following eligibility requirements:

- 1) Patients (child) family income is at or under 200% of the poverty level (this begins at \$21,780 for one family member and increases \$7,640 per household member; for example a typical family of four would require an annual income of \$44,700 or less).
- 2) The patient doesn't have a routine exam or materials coverage through Medicaid or any other vision insurance.
- 3) The patient is a U.S. citizen or documented resident with a SSN (required); a child must be 18 or younger and not have graduated from high school; the child or parent must be a U.S citizen or documented immigrant with a SSN
- 4) The patient hasn't used the VSP Vision Care Program during the last 12 months (lost, stolen or broken glasses aren't covered and can't be replaced.
- 5) The patient (adult or child) is limited to receive one gift certificate during a 12 month period.

The California Vision Foundation requires a \$20.00 fee to accompany the Application Form and the applicant must meet the following criteria:

- 1) There must be at least one adult in the household that is employed and working (full or part-time).
- 2) The applicant and household must qualify as low income (same criteria as VSP Vision Care - above) and unable to pay for eye care.
- 3) The applicant for the exam must not have had an eye exam in the past 2 years.
- 4) The applicant must not have any public or private insurance that covers eye exams or glasses.

If your club knows of a family, adult or child residing within Lions District 4-C4 who meet the eligibility requirements of either plan and who are in need of a free or low cost eye exam and prescription glasses, please have them contact 2nd VDG Lion Jack Van Etten, Burlingame Lions Club, (jackusf74@comcast.net; 650-692-3360) for questions, additional information or to acquire certificates and applications for these programs.

Gift Certificate

vsp
Mobile Eyes®

GC0383654

* Name and Address			
* Social Security #			
* Date of Birth		Gift Certificate Expiration Date 10/01/2013	
Group Name VSP MOBILE EYES REFERRAL			
Group Number 12307574		Div 0200	Class 0200
Benefit VSP CHOICE	Exam YES	Lens YES	Frame YES
Partner Contact VSP MOBILE CLINICS (866)549-9301			

* Indicates Required Field

Using the VSP Mobile Eyes® program is easy!

- 1 Make an appointment with a VSP® Vision Care doctor. To find a doctor, call 866.549.9301. Please note that not all VSP doctors accept this gift certificate.
- 2 When making an appointment, let the doctor know that you have a gift certificate. Bring this form with you to the appointment to receive your free eye exam and glasses, if prescribed.
- 3 Additional questions? Call VSP at 866.549.9301 and we'll be happy to assist you.

Partners, Choice Network doctors, and VSP labs – see instructions on back.

vsp.
Vision care for life

vsp | Mobile Eyes
Vision care for life

Eligibility Criteria

Gift certificates are only valid until the expiration date printed on front of the certificate. Expired gift certificates won't be accepted. Please ensure all information is correct and completed.

The recipient using this gift certificate must meet the following criteria:

- The patient's family income is at or under 200% of poverty level.
- The patient doesn't have routine exam or materials coverage through Medicaid or any other vision insurance.
- The patient is a U.S. citizen or documented resident with a Social Security Number (SSN). A SSN is required. If a SSN isn't available, the individual can't use this program.
- The patient hasn't used our program during the last 12 months. Lost, stolen, or broken glasses won't be covered or replaced.

An individual may only receive one gift certificate during any 12-month period.

Partner Instructions

1. Complete the three boxes marked "Required" on the front:
 - Name and address
 - Social Security Number (This field may be completed by the patient in the doctor's office. To obtain services, patient must be prepared and willing to supply their Social Security Number to the VSP Choice provider.)
 - Date of birth
2. Help the family make an appointment by either providing them with the VSP list of participating providers or call the provider for them to schedule the appointment.
3. Confirm the location, date, and time of the appointment with the patient. Remind them they must bring the gift certificate to the appointment to receive services.
4. Contact the patient to confirm the appointment. If the doctor prescribed glasses, verify that the individual returned to the doctor to receive them.

If you have questions about the VSP Mobile Eyes program, please contact VSP at 866.549.9301.

Choice Network Doctor Instructions

Only Choice Network doctors can provide services to gift certificate patients. If you are not currently a Choice Network provider and/or do not carry Altair frames, refer patient back to VSP to find a participating provider.

- Check eligibility through eClaim. Patients with other VSP coverage are not eligible for services. If patient has the Access Plan, they may still be eligible. Call VSP at 800.615.1883 for assistance.
- If the patient doesn't have other VSP coverage, you'll see the "Member ID not found" alert message. Click [Back to Previous Page](#) and go to the eInsurance tab. Enter the gift certificate number (including the letters GC) and click [Gift Certificate](#).
- Enter the patient information to generate an authorization number.
- Patients may only choose from a selection of Altair® frames.
- Material orders must be processed by an approved VSP Lab from the eClaim drop-down menu.
- **Check option grid carefully!** Patient options have changed. Any option listed as an "N" or "Non-Covered" is not available to the patient and will invalidate the entire claim and payment.
- Keep this gift certificate in the patient's file.

If you have any additional questions, please call VSP at 800.615.1883.

Gift Certificate

GC0391362

* Child's Name and Address			
* Child's (or Parent's) Social Security #			
* Child's Date of Birth		Gift Certificate Expiration Date 10/09/2013	
Group Name LIONS CLUB - CA			
Group Number 12075486		Div 1375	Class 1375
Benefit VSP CHOICE	Exam YES	Lens YES	Frame YES
Partner Contact BOB WILSON (415)309-3427			

* Indicates Required Field

Getting started is easy!

1. Call 800.877.7195 to find a participating VSP® Vision Care doctor. (Not all VSP doctors accept this gift certificate.)
2. Make an appointment, and let the VSP doctor know that you have a gift certificate. Bring this gift certificate with you to the appointment to receive your free eye exam and glasses, if prescribed.
3. Additional questions? Call VSP at 800.877.7195 and we'll be happy to assist you.

Find eligibility, partner, and VSP Choice Network doctor instructions on the back.



Eligibility Criteria

Gift certificates are only valid until the expiration date printed on front of the certificate. Please ensure all information is correct and complete.

To use this gift certificate, the patient must meet the following criteria:

- The child's family income is at or under 200% of poverty level (see guidelines on our website, sightforstudents.org).
- The child is NOT enrolled in Medicaid or any other vision insurance.
- The child is 18 years old or younger and hasn't graduated from high school.
- The child or parent is a U.S. citizen or documented immigrant with a Social Security number.
- The child hasn't used our program during the last 12 months. Lost, stolen, or broken glasses aren't covered and can't be replaced with this certificate. Only one gift certificate per child may be issued during any 12-month period.

Partner Instructions

1. Complete the three required fields on the front:

- Child's name and address
- Child's Social Security number (This field may be completed by the patient in the doctor's office. To obtain services, patient must supply their Social Security number to the VSP Choice Network doctor.)
- Child's date of birth

2. Help the family make an appointment by either providing them with the VSP list of participating providers or call the provider for them to schedule the appointment.

3. Confirm the location, date, and time of the appointment with the family. Remind them to bring the Sight for Students® gift certificate to the appointment to receive services.

4. Contact the family to confirm the child kept the appointment. If the doctor prescribed glasses, verify that the child returned to the doctor to receive them.

If you have any additional questions about the Sight for Students program, please call VSP at 800.877.7195 or e-mail us at sfsinfo@vsp.com.

VSP Choice Network Doctor Instructions

Only VSP Choice Network doctors who carry Altair® frames can provide services to patients using this gift certificate.

If you aren't currently a VSP Choice Network provider, refer the patient back to VSP to find a participating provider. If your office doesn't currently carry Altair frames and you would like to add them to your dispensary at no cost, call 800.505.5557.

- Check patient eligibility through eClaim. Patients with other VSP coverage aren't eligible for services. However, if patient has the VSP Access Plan®, they may still be eligible. Call VSP at 800.615.1883 for assistance.
- If the patient doesn't have VSP coverage, you'll see the **Member ID Not Found** alert message. Click **Back to Previous Page** and go to the **eInsurance** tab. Enter **GC** followed by the gift certificate number (including the letters GC), and click **Gift Certificate**.
- Enter the patient information to generate an authorization number.
- Patients may only choose from a selection of Altair frames.
- Material orders must be processed by an approved VSP lab from the eClaim drop-down menu.
- **Check the option grid carefully!** Patient options have changed. Any option listed as an **N** or **Non-Covered** isn't available to the patient; selection will invalidate your reimbursement for the claim.
- Keep this gift certificate in the patient's file.

If you have any additional questions, please call VSP at 800.877.7195.

Office:
1838 Sunnyvale Avenue
Walnut Creek, CA 94597
Phone: 925-708-4833
Fax: 925-932-8484
Email: piddrbillann@lionsinsight.org



Warehouse:
1404 Lemon Street
Vallejo, CA 94590
Phone: 707-648-2306
Fax: 707-649-2834
Email: warehouse@lionsinsight.org

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(In Memoriam)

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CALIFORNIA VISION FOUNDATION FOR PATIENTS & SOCIAL SERVICES

INFORMATION FOR PATIENTS

QUALIFICATIONS:

Individuals must meet the following criteria to qualify for a free eye examination and low cost glasses:

1. There must be at least one adult in the household that is employed at least part-time.
2. The household must qualify as low income.
3. The individual applying for the exam may not have had an exam in the past two (2) years.
4. The individual applying for the exam may not have vision insurance.

HOW TO APPLY:

Applications are available on the website: www.coavision.org or
contact@coavision.org

or call 1-800-877-5738 and request one by mail or FAX

WHAT TO EXPECT:

Once an individual has qualified for the program, every attempt will be made to match them with a volunteer optometrist in their area. Optometrists are donating their services and are, therefore limited in some areas. Waiting times depend on the number of available appointments and the amount of qualified applicants in any particular area. An average waiting period is 2 to 3 months, but can vary from city to city.

All applicants that have been matched to an optometrist will receive a letter in the mail containing the name, address and telephone number of the optometrist that they can call to schedule an appointment. Appointments will not be scheduled for patients who fail to contact the optometrist office within 60 days of receiving notification of eligibility.

California Vision Project (CVP)

2415 K Street, Sacramento, CA 95816

Telephone: (916) 441-3990, Fax: (916) 448-1423

Download patient application at www.californiavision.org

Phone: 1-800-877-5738

GUIDELINES

The California Vision Foundation is a 501(c)(3) nonprofit organization that provides low-income, working, uninsured, families with free comprehensive eye exams and glasses. Services are provided by volunteer optometrists and may not be available in all areas.

Patient Eligibility and Benefit Information:

Patients are eligible to receive a free comprehensive eye examination and prescription spectacles (if necessary) if the following requirements are met (*NO EXCEPTIONS WILL BE MADE*):

- At least one adult in the household must be employed and working (full-time or part-time)
- The applicant must have no public or private insurance that covers eye exams or glasses
- Applicants must not have had an eye exam in the last 2 years
- Applicants are low income and unable to pay for eye care
- \$10.00 administrative fee (per person) must be included with application

Processing the Application:

- Applications are processed in the order that they are received and may take from one or up to three months to process.
- The \$10.00 administrative fee is non-refundable except in the case that the patient is determined eligible and the Project does not have a volunteer doctor available in their area.
- Requests to be assigned to a particular volunteer doctor will be considered, but cannot be promised.

Setting the CVP Patient Appointment:

- Eligible patients will be assigned to a volunteer doctor if there is one available in or near their area.
- Qualified CVP patients receive a letter with their volunteer doctor's name, address and phone number.
- Patients are asked to make an appointment upon receipt of the notification letter. Failure to schedule an appointment within 60 days of the date of the assignment letter will result in disqualification from the Project.
- Volunteer doctors will also receive a letter on a monthly basis listing patients who have been assigned to them. Staff may contact the CVP patient directly to schedule an appointment.
- Patients are informed about keeping their appointment. They are notified that if they miss their appointment they may be disqualified from the Project.

If a NEW Prescription is Necessary:

- Glasses processed through this Project must be ordered through the doctor's office that the patient is examined through.
- Frames may be limited.
- The patient is limited to only one pair of glasses.
- Glasses must be processed within one month of the patient's examination date.
- Only basic single vision and bifocal clear lenses are covered by this Project.

CALIFORNIA VISION PROJECT (CVP) APPLICATION FORM

The California Vision Project provides free eye exams to eligible low-income working families.
Services are donated by volunteer optometrists throughout California.

Eligibility requirements: All eligibility requirements must be met in order to qualify (PLEASE READ)

- At least one adult in the household must be employed (full-time or part-time);
 - The person(s) seeking an eye exam must have no public or private insurance that covers eye exams;
 - Applicants must not have had an eye exam in the last 2 years; and
 - Applicants are low-income and are unable to pay for eye care.
- ~~\$10.00~~ **\$20.00 non-refundable administrative fee (per person) must accompany the application. Check or money orders can be made payable to "The California Vision Foundation"**

Please answer all questions below. Verification may be requested.

1. Is anyone in your household currently employed (full-time or part-time)? ☐ Yes ☐ No
2. What is the total number of people in your household living with you, including yourself? _____
3. What was your household's approximate gross annual income before taxes and deductions? _____
4. How far are you able to travel for your appointment? _____ miles
Please list any particular cities that you would be able to travel to for your appointment: _____

List all family members who are applying for a free eye exam:

Name	Date of Birth	Has this person had an eye exam in the last two years?	Does this person have any private or government insurance that covers eye exams?
1.	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Home address: (Please print)

Address _____

_____ Apt. # _____

City _____

State _____ Zip _____

Daytime telephone number () _____ - _____

Employer address: (Please print)

Address _____

City _____

State _____ Zip _____

Work telephone number () _____ - _____

Your completed form will be reviewed to determine your eligibility. Eligible patients will be notified by mail and will receive a complete eye exam without cost if a volunteer is available in your area.

Mail this completed application with the ~~\$10.00~~ **\$20.00** Administrative Fee(s) to:
California Vision Foundation

2415 K Street, Sacramento, CA 95816

If you have any questions please contact John Istilart or Michelle Harvey at (800) 877-5738

Low Income Guidelines 200% of Federal Guidelines for Poverty

Persons
in Family or
Household 48 States

1	\$21,780
2	\$29,420
3	\$37,060
4	\$44,700
5	\$53,340
6	\$59,980
7	\$67,620
8	\$75,260

For each additional
person, add \$7,640