Vision Services Application Overview

Application Check-List

QUALIFICATIONS
To qualify for Lighthouse program services, you must:

- Have been a Georgia resident for at least 12 months
- Meet our income requirements
- Submit copies of ALL required documents.

APPROVAL PROCESS
- You will receive notice by mail within 4-6 weeks of your qualification status. If your address changes, please contact our office ASAP to notify our staff.

Photo ID – Provide ONE
- Valid Driver’s License
- State Photo ID
- Valid Passport
- Valid School Picture ID
- Consulate ID card
- Birth Certificate (ages 19 and under)

Proof of Residency – Provide ONE
- Current Copy of Lease Agreement
- Current Copy of Mortgage Statement
- Utility Bill (Current w/in 3 mo.)
- Signed Letter from Shelter
- Letter from Nursing Home

Proof of Income – Provide ONE
- 2 Current Consecutive Pay Stubs for bi-weekly
- Last 3 mo. Bank Statements (SSI or SSA)
- Official Tax Transcript/Tax Return Current Year
- Social Security/Disability Award Letter
- Non Filing Letter IRS
- College/University Scholarship, Grant, Fellowship, Assistantship
- Regular Payments from Alimony, Child Support, Unemployment, Union Funds, Retirement or other Government Program

Other Required Documents
If you are seeking assistance for eyeglasses only, please attach a copy of your current vision prescription. Your prescription must not be more than 2 years old.
Vision Services Application *(Please print clearly)*

☐ Eye exam & Glasses
☐ Glasses only

1. Last Name: ____________________________ First Name: ____________________________ MI: ____

2. Address: ________________________________________________________________
   City: ____________________________ State: __________ Zip Code: ________________

3. County of Residence: ____________________________

4. Home Phone: ____________________________ Mobile Phone: ____________________________

5. Email Address: _____________________________________________

6. Name of Parent or Guardian *(if under 18)*: ____________________________

7. Gender: ☐ Male ☐ Female

8. Date of Birth: ____________________________

9. Marital Status: ☐ Single ☐ Married/Partners ☐ Divorced ☐ Separated ☐ Widowed

10. Are you employed? ☐ Y ☐ N

11. If you are unemployed, please provide the reason:
   ☐ Disabled (SSI/SSDI) ☐ Retired ☐ Lost Job ☐ Other

12. Race: ☐ White ☐ African American ☐ Hispanic/Latino ☐ Asian ☐ 2 or more Races ☐ Other

13. Primary language: ____________________________

14. Are you a veteran? ☐ Y ☐ N

15. Please select the type of insurance coverage you have:
   ☐ Medicaid ☐ Medicare ☐ VA ☐ Grady ☐ Private ☐ None

16. Please check if you have had any of the following:
   ☐ Glaucoma ☐ Diabetes ☐ Hypertension ☐ Stroke ☐ Cataracts

17. Total Number of People in Household: _______

18. Total Gross Monthly Household Income: $ ____________________________
Lighthouse Statement – Please read and sign.

“I fully understand that Lighthouse services are limited to residents unable to pay for, or receive from other sources, this assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from the services rendered. I am aware that the Lighthouse will not pay for services billed to me prior to approval of this application. I also understand that my application will be reviewed by a Lighthouse Provider, and/or the Lighthouse staff. ALL INFORMATION ON AND ATTACHED TO THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.”

[Signature of Applicant/Parent or Guardian] [Date]

HIPAA Agreement – Please read and sign

I understand that the Federal Privacy Rule “HIPAA” does protect the privacy of information I disclose, and therefore I request that all information obtained by this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for Lighthouse services is not conditioned upon my provision of this authorization. I intend for this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for one year.

[Signature of Applicant] [Date]

Complete this portion only if you would like to give us permission to speak with someone else on your behalf regarding services.

Name: ________________________________ Phone: ________________________________

Relationship to Applicant: ___________________________________________________________

Please send your application by MAIL OR FAX ONLY:
MAIL: The Lighthouse, 5582 Peachtree Road Chamblee, Georgia 30341
FAX: (404) 636-5549
Telephone: (404) 325-3630