

# PROCEDURE FOR LOW-COST EYE CARE PROGRAM

The application for service can be picked up and/or completed **Monday through Thursday between the hours of 9 AM and 3 PM.**

Client must have current eye examination (within past 2 year), original prescription required.

Proof of income for EVERYONE in the household **must** be provided – if employed, copy of recent month's pay stubs or if cash assistance/food stamps/social security, verification is required.

The eye care application must be completed, then client will be notified of cost for glasses. **(CASH OR MONEY ORDER ONLY)**

When client has full payment available, glasses will be selected here at CSSS, 348 Market Street, Sunbury, and fitted. If glasses ordered elsewhere, no assistance will be available.

Client will be notified when glasses are ready for final fitting and pick-up.

**CENTRAL SUSQUEHANNA SIGHT SERVICES, INC.**

**348 MARKET STREET**

**SUNBURY, PA 17801**

**(570) 286-1471 OR 1-888-646-6644**

\_\_\_\_\_  
Name of Applicant Birth Date Sex Phone

\_\_\_\_\_  
Address City Zip Code Township/Borough County

\_\_\_\_\_  
Applicant's Source of Income Hourly \$ Gross Weekly \$ Gross Monthly \$

Medical Assistance (Access Card) \_\_\_\_\_ Medicare \_\_\_\_\_

HOUSEHOLD MEMBERS RELATIONSHIP SOURCE OF INCOME AMOUNT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other source of income: Food Stamps, Child Support, etc. \$ \_\_\_\_\_

**Total Gross Monthly Household Income: \$ \_\_\_\_\_**

Service Requested: \_\_\_\_\_ Exam \_\_\_\_\_ Complete Glasses \_\_\_\_\_ Lenses Only \_\_\_\_\_ Frames Only

Date of last eye examination \_\_\_\_\_ By Whom: \_\_\_\_\_

Do you have glasses? \_\_\_\_\_ Reason for requesting glasses: \_\_\_\_\_

Eye Symptoms: \_\_\_\_\_

Do you have: Diabetes? \_\_\_\_\_ Glaucoma? \_\_\_\_\_ Cataracts? \_\_\_\_\_ Other? \_\_\_\_\_

**I certify to the best of my knowledge, the information contained herein is true, correct and complete.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Reimbursement will NOT be provided for glasses ordered without Agency authorization.***