Children's Vision First

(Formerly JVQ California)

FREE VISION CARE

Dear Parent/Guardian,

The vision screening performed at your child's school has determined that your child needs further eye care.

If you have **NO MEDICAL INSURANCE** and are in extreme **ECONOMIC NEED,** you may qualify for the Children's Vision First vision program.

If you have MediCal, Kaiser, PacifiCare, Healthy Families or any other medical insurance, please get immediate help for your child through your own medical insurance. Your school nurse may be able to assist you if necessary. The inability to see clearly puts school age children at a disadvantage that may follow them for a life time and is easily correctable.

Please fill out this form and check all that apply from the questions below, then **RETURN THIS LETTER TO YOUR SCHOOL** to help us establish if your child qualifies. Just checking a box does not result in being qualified. **IF your child qualifies**, you will receive a letter from Children's Vision First within 2 weeks assigning you to a doctor in your neighborhood and asking you to **call to set up an appointment right away** to receive a free eye exam and glasses.

Child's Name: _____ **Date of Birth:**_____
First Middle Last

Grade: _____ **Name of School:** _____

Parent/Guardian Name: _____

Phone: _____ **Phone 2:** _____

Address: _____
Street Address / Mailing Address City State Zip

Language Spoken in Home: _____

Please ☒ check ***all*** that apply:

- ☐ **NO MEDICAL INSURANCE**
- ☐ **EMERGENCY MediCal** ONLY
- ☐ My child is, or has been eligible for the Free and Reduced Lunch Program
- ☐ If we qualify, **we can get to** UC Berkeley School of Optometry to receive our services

Parent/Guardian Signature: _____

School Nurse/Vision Screener: _____**Phone:** _____
(Or Alternate School Contact)

****Teachers, Nurses, and Secretaries:*** This letter is a tool to **help you qualify children** for the Children's Vision First program. Qualification can also be established by phone with the parent/guardian. **IF** a child qualifies, school personnel must fill out and fax a **Children's Vision First Referral Form.**