

Recognizing the important role that vision plays in the educational process, Vision Service Plan (VSP), a national healthcare leader in the area of eyecare services, founded the Sight for Students Program several years ago to help low income children obtain free vision care. VSP pledged to provide eye exams and eye glasses for needy children throughout the nation at the *President's Summit for America's Future* and continues to honor that pledge with *America's Promise*.

The collaborative partnership between the National Association of School Nurses, Inc. (NASN) and VSP continues. Here are key points to successfully implement the program locally:

- **VSP's ROLE:** VSP will provide free eyecare services to qualifying students whose families' income is up to 200% of the federal poverty level. Services will include an eye exam from one of VSP's participating doctors and glasses, if prescribed. There will be no cost to families unless they choose to purchase a cosmetic option or other extra (see *Benefit Coverage*).
- **YOUR ROLE:** School nurses are asked to identify eligible students in your area of service who appear to require eyecare services (see *Vision Assessment*). After identifying eligible students, please work directly with their families to go over paperwork and to help them access services, if necessary. A child who will benefit from Sight for Students services must meet the following criteria:

- Family income is no more than 200% of federal poverty level (see guidelines on our website)
- Child is not eligible for Medicaid or other vision insurance
- Child is 18 years old or younger and has not graduated high school
- Child or parent is U.S. citizen or documented immigrant with a social security number
- Child has not used our program during the last 12 months

- **ECONOMIC SELECTION CRITERIA:** VSP has targeted the "gap kids" for these services, since their families usually cannot obtain insurance at work and they are not eligible for government programs. These families earn up to 200% of the federal poverty level (families below poverty level usually qualify for Medicaid services; they should be encouraged to obtain eyecare services that they are entitled to receive through Medicaid). The VSP Sight for Students program is not available for recipients of Medicaid. Students are eligible to participate through age 18 (if 18, they must still be attending high school). Children or their parents must be U.S. citizens or documented immigrants with a social security number.
- **AWARD PROCESS:** To participate, please complete and send the attached *Easy as 1, 2, 3* form as instructed. Once received, gift certificates that entitle students to free eye exams and materials will be sent to you, along with lists of local VSP doctors. **Note that gift certificates will be valid for twelve months and will then expire.** Each time you need gift certificates, please submit a new *Easy as 1, 2, 3* form (available on the NASN website at <http://nasn.org/membersonly/memblogin.asp>). Instruct the family to make an appointment with a VSP doctor selected from the VSP List of Participating Doctors. Tell them to bring their gift certificate to the appointment. The doctor will provide the eye exam and, if glasses are prescribed, will help the family choose appropriate materials and order and dispense eye glasses. Eligible children may use our program once every twelve months. Instructions for distributing the gift certificates to children are attached.
- **SUCCESS STORIES:** We would like you to report back on students who were positively affected by the program. We will share these stories with your organization and VSP's staff and doctors.

If you have any questions, please call VSP Sight for Students at (888) 290-4964, or visit our website.

Easy as 1,2,3 . . .

Please help us identify students from your program to receive a Sight for Students award.

- 1** Eligibility criteria:
- Family income is no more than 200% of federal poverty level (see guidelines on our website)
 - Child is not enrolled in Medicaid or other vision insurance
 - Child is 18 years old or younger and has not graduated from high school
 - Child or parent is U.S. citizen or documented immigrant with a social security number
 - Child has not used our program during the last 12 months.

2 Complete this form and send it to VSP. Awards for services are made on a first come, first served basis so please respond as soon as possible. If services are available, gift certificates will be sent within three weeks and your name will be added to our website.

3 Send form to:

Mail _____ or Fax _____
Vision Service Plan (916) 858-5388
Sight for Students / MS 421
P.O. Box 997100
Sacramento, CA 95899-9989

This form should not be forwarded to any individual (including doctors or their staff) or organization. Please refer interested parties directly to VSP.

By signing below, I attest that I am an authorized member of the National Association of School Nurses and will abide by the program's eligibility criteria in selecting students to be provided free eyecare services. I understand that abusing this program will forfeit my involvement with it, and that VSP will prosecute any criminal acts to the fullest extent of the law.

X _____
Signature of Contact

All information must be provided--incomplete forms will NOT be processed.

please print clearly!

_____ Date

_____ Contact Name

_____ Name of School

_____ School's Physical Location Address

_____ School's Mailing Address, if different than above (i.e., P.O. Box)

_____ City State Zip

() _____

School' Telephone # (not a cell phone, home phone, pager, etc.)

() _____

School's Fax #

_____ Contact's eMail address at school

Gift Certificates Requested (*maximum 25*). For more **gift certificates, please submit a new Easy as 1-2-3 form.**

Place a copy of your NASN membership card here. It must show membership for the current year. If you cannot locate your card, attach a letter from the NASN confirming current membership.

The card must be in the name of the contact person listed above

Unsigned forms will NOT be processed!

Gift Certificate

- Identify a child who will benefit from Sight for Students' services. Verify he/she meets the following criteria:
 - Family income is no more than 200% of federal poverty level (see guidelines below)
 - Child is not enrolled in Medicaid or any other vision insurance
 - Child is 18 years old or younger and has not graduated high school
 - Child or parent is U.S. citizen or documented immigrant with a social security number
 - Child has not used our program during the last 12 months
- Complete three boxes on the VSP Gift Certificate (see illustration below):
 - CHILD'S NAME & ADDRESS** = Full name and home address
 - CHILD'S (OR PARENT'S) SOCIAL SECURITY #** = Use a parent's number if child does not have one
 - CHILD'S DATE OF BIRTH**
- The family should select a doctor from the VSP List of Participating Doctors and make an appointment. When making the appointment, they should tell the office their child has VSP insurance and they will bring a VSP Gift Certificate with them.
- Please verify the family made an appointment. Remind them to bring the VSP Gift Certificate to the appointment in order to receive services.
- Contact the family to confirm the child kept the appointment. If the doctor prescribed glasses, confirm that the child returned to the doctor to receive them.

Guidelines computed to 200% of poverty level
200% OF FEDERAL POVERTY GUIDELINES (2007)

| Size of Family Unit | 48 Contiguous States & D.C. | Alaska | Hawaii |
|--|-----------------------------|----------|----------|
| 1 | \$20,420 | \$25,540 | \$23,500 |
| 2 | \$27,380 | \$34,240 | \$31,500 |
| 3 | \$34,340 | \$42,940 | \$39,500 |
| 4 | \$41,300 | \$51,640 | \$47,500 |
| 5 | \$48,260 | \$60,340 | \$55,500 |
| 6 | \$55,220 | \$69,040 | \$63,500 |
| 7 | \$62,180 | \$77,740 | \$71,500 |
| 8 | \$69,500 | \$86,440 | \$79,500 |
| <i>For each additional person, add</i> | \$6,960 | \$8,700 | \$8,000 |

Please take a moment to ensure information on the gift certificate is correct and complete

If you have questions about the Sight for Students program, please contact VSP at (888) 290-4964 or visit our website

BENEFIT COVERAGE

| | |
|-----------------------------|---|
| Elective Contact Lens | N |
| Necessary Contact Lens | R |
| Oversize Lens | Y |
| Blended Bifocals | P |
| Progressive Multifocal | P |
| Polycarbonate | Y |
| High Index | Y |
| Photochromic | Y |
| Polarized/Laminated | N |
| Ultra Violet Protection | P |
| Plano | N |
| Solid Tints and Dyes | Y |
| Plastic Gradient Dye | Y |
| Scratch Resistant Coating | Y |
| Anti-Reflective Coating | P |
| Color Coating | Y |
| Mirror and Ski Type Coating | N |
| Edge Treatments | Y |
| Vision Therapy | S |
| Low Vision | R |

Y **Yes**, the item or benefit is provided under the patient's coverage

N **Not a benefit under the patient's plan.** If this item is provided, the patient benefit for lenses and frames will not be covered.

R **Requires prior authorization;** the item or service must be medically necessary for the patient's visual welfare.

P **Patient pays additional costs** and service fees according to VSP Patient Option List.

VISION ASSESSMENT

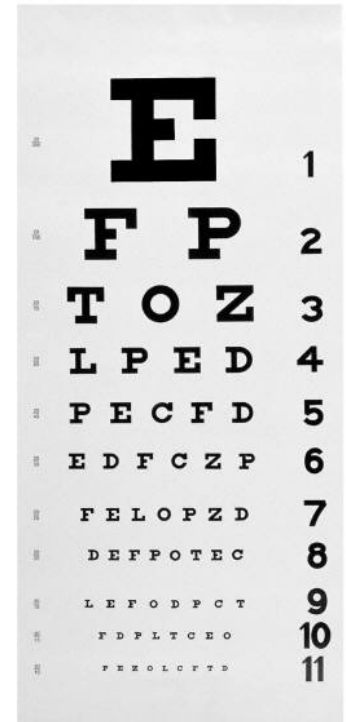
What is a vision assessment?

Vision assessment checks how well a child can see and how well the eyes move together.

How is a vision assessment done?

A vision assessment is done by a health professional or trained staff, parent, or volunteer. It involves:

- Having the child identify letters, shapes or figures on a standard eye chart
- Observing the child’s eye movements (“strabismus testing”)
- Observing for other eye abnormalities (e.g., redness, swelling, discharge)



What might I observe?

- Eyes that cross or point outward
- Frequent blinking, squinting, or rubbing eyes
- Difficulty picking up small objects, catching balls, or seeing distant objects
- Holding books and objects unusually close
- Short attention for visual activities
- Frequent complaints of eye discomfort, headaches, or dizziness

Follow-up to a vision assessment:

A child “fails” the vision assessment if:

- She is unable to identify more than half the symbols on the 20/40 line
- There is more than a two-line difference in vision between one eye and the other, even if the worse eye is 20/40 or better.

The child should be re-tested. If she fails again, she should be referred to an eye doctor for evaluation and treatment. Children with eye infections should be re-tested after treatment.

Treatment may include:

- Antibiotics to treat eye infections
- Eye patch
- Eyeglasses
- Eye muscle surgery
- Special education or early intervention services

Vision is important for development, physical activity, and social interactions.

Early identification and treatment of vision problems can help promote a child’s development.

SUCCESS STORY

Sight for Students was created by Vision Service Plan to help needy children obtain eyecare and eyeglasses. Many non-profit organizations have committed to a partnership with VSP to make the Sight for Students program available to children across the country.

Vision correction can have a dramatic impact on a child's ability to learn, participate in sports, and form a positive self-image. We would like to share success stories with VSP's staff and doctors, as well as with your organization. Since you helped identify children for this benefit, we ask your help in telling their story.

***** please print clearly *****

Date: _____

Your Name: _____ Telephone: (____) _____

Your Organization: _____
Name City State

Child's Name: _____ Child's Age: _____

Parent/Guardian's Name: _____ Telephone: (____) _____

Why was child referred? (*select as many as apply*)

- | | |
|---|---|
| <input type="checkbox"/> Eyes that cross or point outward | <input type="checkbox"/> Holding books and objects unusually close |
| <input type="checkbox"/> Frequent blinking, squinting, or rubbing eyes | <input type="checkbox"/> Short attention for visual activities |
| <input type="checkbox"/> Difficulty picking up small objects, catching balls, seeing distant objects (i.e., the blackboard) | <input type="checkbox"/> Frequent complaints of eye discomfort, headaches, or dizziness |

CHILD'S SUCCESS STORY

What were the results of the exam? If glasses were prescribed, how have they improved your life (better grades, better in sports, etc.)? If glasses were not prescribed, in what other way will this exam benefit you?
(use reverse or separate sheet if necessary)

If possible, please also send examples of success (photos, school work, etc.). Of course, we recognize the importance of patient confidentiality. Therefore, we will contact you and the family for clearance if we want to use the student's story for external publicity at a later date.

Please send to: VSP Sight for Students/MS 228 Fax: (916) 858-5388
P. O. Box 997100
Sacramento, CA 95899-9989