



Wyoming Department of Education

Richard Crandall, Director

Hathaway Building, 2nd Floor, 2300 Capitol Avenue

Cheyenne, WY 82002

Phone: 307-777-7675 | Fax: 307-777-6234 | Website: edu.wyoming.gov

MEMORANDUM No. 2013-112

TO: School District Superintendents
School Nurses

FROM: Bruce Hayes

DATE: September 9, 2013

SUBJECT: Sight for Students Program

IMPORTANT INFORMATION REQUESTED

Please find correspondence and forms from the Wyoming Optometric Association (WOA) attached regarding the *Sight for Students Program*. The WOA partners with Vision Service Plan (VSP) each year to provide no-cost eye care services to qualified students. With the assistance of school nurses who request the services for students in need, the Association coordinates the effort to secure examinations and any necessary eyeglasses.

The Department of Education works as a liaison between the district nurses and the WOAs Executive Director to ensure that every student has the opportunity for healthy vision. By providing this important information to school nurses, you will assure this opportunity to your district's students.

Thank you for all you do for the students in Wyoming.

BH:rs

Attachments



Sight for Students Benefit Form

Please mail or fax completed form to:

Mail: Wyoming Optometric Association
P.O. Box 1967
Cheyenne, WY 82003
FAX: 307.271.5969

From: _____
School Nurse _____ School Phone Number _____

_____ School Name _____ School Nurse Email Address _____

_____ School Address/ City/ ZIP _____

_____ School Nurse Signature _____ Date _____

I wish to recommend the following child for the *VSP Sight for Students Program* and have verified that he/she have met the following criteria for eligibility:

- Family income is 200% or less than poverty level
- Child is not enrolled in Medicaid, Kid Care or other vision insurance
- Child is 18 years of age or younger or has not graduated from high school
- Child or parent is US citizen or resident alien with a social security number
- Child has not used the program during the last 12 months

_____ Student's Name _____

_____ Student's Address / City / ZIP _____

_____ Social Security Number _____ Student Date of Birth _____



Wyoming Optometric Association

P.O. Box 1967

Cheyenne, WY 82003

PH: 307.640.6157

FAX: 307.271.5969

director@wyomingoptometricassociation.com

TO: Wyoming School Nurses

RE: Sight for Students Program

We are pleased to inform you of the continued collaborative partnership between the Wyoming Optometric Association and Vision Service Plan (VSP), a national healthcare leader in the area of eye care services. Recognizing the important role that vision plays in the educational process, VSP founded *the Sight for Students Program* several years ago to help low income children obtain vision care. The Wyoming Optometric Association has agreed to provide assistance in coordinating the program for students in Wyoming.

VSP's Role: Vision Service Plan (VSP) will provide eye care services at no charge to qualifying students whose families' income is at or at less than 200% of the federal poverty level and do not qualify for any state or federal programs, or are not enrolled in a health plan that provides vision care. The services will include an eye exam from one of VSP's participating doctors, as well as glasses should they be prescribed. There will be no cost to the families unless they choose to purchase a cosmetic option or other extras. *VSP has an annual limit of 50,000 cases donated nationally.*

Wyoming Optometric Association's Role: The WOA will coordinate efforts between school nurses and VSP. WOA will receive the request form from the school nurse and review the data for completeness. Upon approval of the request, WOA will send a Gift Certificate back to the requesting School Nurse.

School Nurses Role: Participating School Nurses will identify qualified students in their school who appear to require eye care services. The school nurse with the permission of the family will verify that the child meets the following criteria:

- Family income is 200% or less than poverty level
- Child is not enrolled in Medicaid, Kid Care or other vision insurance
- Child is 18 years of age or younger or has not graduated from high school
- Child or parent is US citizen or resident alien with a social security number
- Child has not used the program during the last 12 months

The School Nurse will complete the Benefit Form and mail or fax it to the WOA. Once the Gift Certificate has been sent to the nurse for the student's use, the school nurse will assist the child's family in making an appointment with a VSP doctor. When they make the appointment, please ask them to use this script:

"I'd like to make an appointment for (child's name) who as VSP insurance. We will bring the VSP Benefit Certificate to the appointment in order to receive services".

The Benefit Form can be printed from our website: www.wyomingoptometricassociation.com

If you have any questions regarding the program, please don't hesitate to contact the WOA.

Kari Cline

WOA Executive Director