



# Free Eye Exam and Glasses



## Prevention of Blindness Society of Metropolitan Washington®

415 2nd Street NE, Suite 200, Washington, DC 20002 | (202) 234-1010 | youreyes.org

Dear Parent/Guardian:

**District of Columbia Public Schools has partnered with the Prevention of Blindness Society of Metropolitan Washington (POB) to provide vision screenings and exams to your child.**

There is no cost to you for this program. **If your child wears prescription glasses, please have them bring them to school on the day of the screening.**

Check this box and complete the information below if you want to opt-out and **DO NOT** want your child to receive a free eye exam and glasses.

Child's Full Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Medicaid Reimbursement

Receiving vision services provided by Prevention of Blindness mobile clinic will constitute a routine vision examination and – as needed – fitting of glasses and eyeglasses that may be billed to your child's Medicaid benefits, if applicable. However, please note that a FREE eye exam and eyeglasses will be provided even if Medicaid cannot be billed.

If you are able to, please fill in the Medicaid information below and return it to your school.

Child's Name:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Date of Birth:

Child's Medicaid Information (if applicable):

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_

Date: \_\_\_\_\_ Parent Guardian Signature: \_\_\_\_\_