KENTUCKY VISION PROJECT APPLICATION

The Kentucky Vision Project
PO Box 1422
Frankfort, KY 40602
Phone: 800-320-2406
Fax: 502-875-3782
kvp@kyeyes.org

PROOF OF HOUSEHOLD INCOME MUST BE SUBMITTED WITH APPLICATION
(FAILURE TO DO SO WILL RESULT IN DELAY OF PROCESSING)

Please complete each number/section:

1. Today's Date______________________________________

2. Name ____ 3. Date of Birth ________________

4. Street Address (Mailing Address) ____

5. City________________________ 6. State_____ 7. Zip___________ 8. County ____________

9. Phone (_____)_________-_______________ 10. Email ____________________________________

11. List two counties you are willing to travel in case no KVP participating doctor is in your county:

1._____________________________________ 2. ____

12. Date of last eye examination _________________ 13. Name of Doctor_______________________

14. Family Member Information: Must include yourself and each person living in your household

NAME OF FAMILY MEMBER	RELATIONSHIP (spouse, child, partner)	AGE	MEDICARE	*MEDICAID

15. *Medicaid Health Insurance: (Please mark your assigned Managed Care Organization-MCO)
Aetna ☐ Anthem ☐ Humana CareSource ☐ Passport ☐ Wellcare ☐ Other ☐

16. Have you or family member been accepted to the Kentucky Vision Project before? YES ☐ NO ☐
If yes, who/when? ____

COMPLETE REVERSE SIDE

IF APPLICATION IS INCOMPLETE, IT WILL NOT BE PROCESSED

17. Household Income Information: <u>Must include income for each person living in your household</u>
Sources of Income:
1) Job 2) SSI 3) Disability 4) Unemployment 5) Food Stamps 6) Workers Comp
7) Bank Statement 8) Letter stating no income (shelter or community action center letterhead)

***** MUST enclose income document(s) with KVP application in order to process *****

Name of Household Member (include each person who has income)	Gross Income Per Month	Source of Income (include document with application)
GROSS INCOME TOTAL:		

THE KVP APPLICATION MUST BE COMPLETED BEFORE YOU SEE A DOCTOR. YOUR APPLICATION MAY BE SCREENED BY THE SALVATION ARMY, COMMUNITY ACTION CENTER OR KENTUCKY HOME PLACE COVERING YOUR AREA.

IF YOUR APPLICATION IS APPROVED:

1. **You will be notified by letter to set up appointment with an assigned KVP participating doctor.**
2. **Certain frames are available through KVP; if glasses are needed, you must select from these frames. Only plastic lenses are available through this program. Tinted lenses and no-line bifocals, or additional coatings are not available. Rimless, semi-rimless frames are not used with KVP.**
3. **KVP can only provide an individual with assistance one time.**
4. **At the time of the eye exam, a $25 donation to KVP is requested for the KVP applicant who needs glasses.**

I certify the above information is true, and I agree to abide by the guidelines of this program.

I authorize the professional office of my optometrist to release health information identifying me to the Kentucky Vision Plan (KVP) for the sole purposes of allowing me to participate in KVP and allow KVP to assess the effectiveness of the program. I understand it is completely my decision to authorize the release of this information to KVP, and I may revoke this authorization at any time. KVP will not release any health care information received about me to any person or entity not working for KVP. I fully understand this release and voluntarily agree to the disclosure of my health information to KVP as described herein.

Applicant Signature____**Date**_________________

Screening Agent (Salvation Army, Kentucky Home Place, Community Action Center)

Agency ____

Agent Signature ____

Approved ☐

The Kentucky Vision Project (KVP) does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services to the citizens of Kentucky. We are committed to providing an inclusive and welcoming environment for all members of our staff, volunteers, vendors, and clients.