KENTUCKY VISION PROJECT APPLICATION

The Kentucky Vision Project
PO Box 1422
Frankfort, KY 40602
Phone: 800-320-2406
Fax: 502-875-3782
Email: 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) _____________________________________________________
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
   
<table>
<thead>
<tr>
<th>NAME OF FAMILY MEMBER</th>
<th>RELATIONSHIP (spouse, child, partner)</th>
<th>AGE</th>
<th>MEDICARE</th>
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15. *Medicaid Health Insurance: Please mark your assigned Managed Care Organization (MCO)
   Aetna☑️  Anthem☑️  Humana ☐  Passport☐  United Healthcare☐  Wellcare☐

16. Have you been accepted to the Kentucky Vision Project before?   YES☐  NO☐

COMPLETE REVERSE SIDE 2022
IF APPLICATION IS INCOMPLETE, IT WILL NOT BE PROCESSED

17. Household Income Information: **Must include income for each person living in your household**

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 (from shelter or community action)

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

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<tr>
<th>Name of Household Member</th>
<th>Gross Income Per Month</th>
<th>Source of Income</th>
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<td></td>
<td>(include each adult person)</td>
<td>(indicate $ amount or zero income)</td>
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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 HOMEPLACE 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 for KVP is requested from the KVP applicant receiving glasses.

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

Applicant Signature_________________________ Date_________________

Screening Agent (Salvation Army, Kentucky Homeplace, 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.

2022