



2545 West 26<sup>th</sup> St  
Erie, PA 16506  
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### EYE CARE APPLICATION

Application ID # \_\_\_\_\_

Last Name  First Name  Date

Address

City  State  Zip Code  Phone Number

Date of birth  Age

#### Insurances

- Private (Highmark, UPMC, Aetna, United Healthcare, etc)
- Medicare, Medicaid
- Access Card
- Children's Health Insurance Program (CHIP)
- State funded (Gateway, Unison, Highmark, UPMC, etc)

Does your insurance have an eyeglass plan or coverage?  Yes  No

#### Household Income : Please include income for all persons living in your home, regardless of relationship

- Employment wages Monthly amount \_\_\_\_\_
- Retirement + pension + investments Monthly amount \_\_\_\_\_
- Welfare + food stamps Monthly amount \_\_\_\_\_
- Social Security + SSI + SSDI Monthly amount \_\_\_\_\_
- Housing assistance Monthly amount \_\_\_\_\_
- Other \_\_\_\_\_ Monthly amount \_\_\_\_\_

Monthly total \_\_\_\_\_

#### Demographics

- Caucasian
- African American
- Hispanic
- South East Asia or Pacific Islander
- Middle Eastern or India
- Other
- # People living in household \_\_\_\_\_
- Cost of services reduction based on household size
- Approximate time since last exam \_\_\_\_\_
- How old are your current glasses \_\_\_\_\_

#### Services applying for

- Exam
- Income based eyewear
- Exam & eyewear

#### How did you hear of our program

- TV
- Radio
- Newspaper
- Word of mouth
- Dr. Referral
- Other \_\_\_\_\_