## New Mexico School for the Blind and Visually Impaired Outreach and Early Childhood Programs

801 Stephen Moody St. SE Albuquerque, New Mexico 87123 Telephone (505) 271-3060 Toll Free (855) 764-6380 Fax (505) 291-5456

Linda M. Lyle Superintendent

## EYEGLASSES FUND APPLICATION

The NMSBVI Foundation provides some limited funds to purchase eyeglasses for children who are visually impaired and who do not have private insurance or Medicaid coverage to pay for eyeglasses. Application can also be made to the fund if children break their eyeglasses and a replacement pair is not covered by private insurance or Medicaid. To qualify, a child/student must have a diagnosis of visual impairment and must receive services as a child with a visual impairment through an IEP or IFSP. Frames must be chosen from the Medicaid-approved selection, at a price not to exceed \$120; lenses must not exceed \$180. Only one pair of eyeglasses per fiscal year may be purchased for each child. To apply, please complete the following:

| Child's Name:                |                                     |                           | DOB:  |                             |  |  |
|------------------------------|-------------------------------------|---------------------------|---|-----------------------------|--|--|
| Parents:                     |                                     |                           |   |                             |  |  |
|                              |                                     |                           | City  |                             |  |  |
| Phone Number:                | Chil                                | Child's vision diagnosis: |   |                             |  |  |
| Child's Developmental Visio  | on Specialist or Teache             | of the Visually           | / Impaired:   |                             |  |  |
| Eye Doctor's Name:           |                                     |                           | Phone:  | Phone:                      |  |  |
| Eyeglasses Are Being Pu      | rchased From: 🛛 Lo                  | oks PA (Las Cruc          | ces) Family Eye Care (Albuquerque)  | Eyes of NM (Albuquerque)    |  |  |
| Does the child have a curre  | ent prescription for eyeg           | asses?                    | Yes No  |                             |  |  |
| Which items do you need a    | ssistance with? Transiti            | on lenses, poly           | carbonate lenses, frames?   |                             |  |  |
|                              |                                     |                           |   |                             |  |  |
| I confirm that I do not have | other funds to pay for m            | ıy child's eyegl          | asses and am applying for NMSBVI fur  | nding to cover the glasses. |  |  |
| Print Name:                  |                                     | Sign Name:                | Sign Name:  |                             |  |  |
| Please fax application to:   | 505-291-5456<br>Attn: Cindy/Dorothy | Or mail to:               | Cindy Faris/Dorothy Small<br>New Mexico School for the Blind and<br>801 Stephen Moody St. SE<br>Albuquerque, NM 87123 | Visually Impaired           |  |  |
| Approval Signature:          |                                     |                           |   |                             |  |  |
|                              |                                     |                           |   |                             |  |  |