# Vision To Learn

# \*\*IF YOU DO NOT WANT THIS SERVICE FOR YOUR STUDENT AND DECLINE, SIGN AND RETURN THIS FORM\*\*

#### Dear Parent or Guardian:

Your child's School District is excited to announce a new partnership with Vision To Learn and to provide vision services to students. This includes a routine eye exam and, if needed, eye glasses.

## All this is available at no cost to you.

#### **About Vision To Learn**

Vision To Learn is a non-profit organization working in communities across the U.S. offering vision services to students in support of their academic achievement, free of charge.

#### **Student Vision Services**

Vision screenings will take place at your student's school. If your child does not pass the screening, they will be referred to the Vision To Learn mobile clinic to receive a routine eye exam by a licensed independent optometrist. If needed, your child may also be prescribed glasses. The optometrist may also identify and refer students in need of follow-up vision care. Eye exams do not involve eye drops or dilation.

#### **Student Information for Vision Services**

The District will share your child's name, date of birth, gender, parent/guardian name, demographic and contact information, and vision screening results with Vision To Learn. Vision To Learn will share your child's eye exam information with the District. Vision To Learn may also share limited information required to receive programmatic funding from the state.

If additional care is recommended, you may be contacted by Sight For All United to coordinate additional vision care. VTL may share information, including your child's name, reason for follow-up care, and parent/guardian name/phone numbers with SFAU. You are not required to use the services provided by SFAU. You can choose to take your child to another doctor or hospital for care, if you would like.

### **Medicaid Benefit Usage**

Receiving vision services provided by this program will constitute a routine eye exam and – as needed – eyeglasses and dispensing of glasses that may be billed to your child's Medicaid benefits, if applicable. Please note that a no-cost eye exam and eyeglasses will be provided even if your insurance cannot be billed. You may receive a notice called an Explanation of Benefits (EOB) from your insurance carrier with information regarding the services billed and the payments that have been approved, but you will not receive any bill for the services or eyeglasses.

#### Glasses

If your child receives a prescription for glasses:

- 1) they will choose a frame
- 2) Vision To Learn will order the glasses
- 3) a trained and licensed optician will dispense glasses at the school within 2-3 weeks

Return this form if you do **not** want your child to receive vision services.

If you choose to **opt out** of (or decline) vision services for your student, please complete the information below and return to your child's school **in the next 3-5 business days**.

I do not give permission for my child _	(Student Name)		_ to participate in the Vision To
Learn program.	, , ,		
		/ /	
Parent Signature		Date	