



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

Dear Parent or Guardian:

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

An easy way to use your Medicaid benefits. Not insured? We will provide exam and glasses at no cost to you if your child needs them.

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.

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.*

Vision To Learn follows CDC, state and federal regulations including staff daily health screenings, the use of Personal Protective Equipment for staff and students, and thorough disinfection between patients. Vision To Learn is committed to following best practices to prioritize the safety of our students.

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.

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 **will be billed to your child's Medicaid benefits, if you are insured.** Please note that a no-cost eye exam and eyeglasses will be provided even if your insurance cannot be billed. You **will** 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 pay** 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 licensed optician will dispense glasses at the school within 4-5 weeks

*Return this form if you do **not** want your child to receive **these** 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 by **in the next 1-2 business days.**

I **do not** give permission for my child _____ to participate in the Vision To Learn program. (Student Name)

Parent Signature

_____/_____/_____
Date

If you have Vision To Learn program questions, please contact Vision To Learn at the information listed below.