



FOCUS ON VISION VOUCHER APPLICATION

TUSD School Year 2011-12

EEF Phone: 325-8688 Fax: 325-8579

The Educational Enrichment Foundation's "Focus on Vision" Program, through a partnership with OneSight (LensCrafters), Dr. Jeffrey Lewis and Associates, L.L.C., Dr. Sam Sato, and Tucson Family EyeCare, provides eye exams and eyeglasses for in-need TUSD students. If you wish to have a student considered for this program, please provide the information requested below. So that we can process the application in a timely manner, **PLEASE FILL OUT ALL SECTIONS. LEAVE NO BLANKS. Please print or type**, completing one form for each student applying for assistance. **NOTE: one pair a year. Vouchers issued must be used with in 45 days of issuance. Vouchers are not transferable or replaceable**

*****A TUSD staff member is responsible for making the eye exam appointment at LensCrafters Park Place (747-4040) or on Oracle Road (across from the Tucson Mall, 888-0440). A TUSD employee must accompany the student to the eye exam and present vouchers. ******

Student's Name: _____

Grade: _____ Age: _____ Student's School: _____

Does the student have insurance covering vision care? _____

Has the need for eye exam/eyeglasses been determined by a school administered vision test? Yes ___ No ____.
If need was identified through other means, please explain. (i.e. teacher noticing that student cannot see blackboard.) _____

Describe special circumstances that we should know about when considering this application:

TUSD Contact Name: _____ Title: _____

Phone: _____ Mobile/Cellular: _____ Email: _____

Fax: _____

School Name: _____

Address: _____ Zip: _____

Vouchers must be picked up IN PERSON from the EEF office

(Second Street entrance of St. Mark's Church, 3809 E Third St., between Dodge & Alvernon)

Ms./Mr. _____ (TUSD Staff Member) will pickup voucher at EEF Office.

TUSD Staff Member to accompany student to LensCrafters:

Name: _____,

Title: _____ Telephone No: _____

My signature on this form indicates the accuracy of information on this application.

Signature Title Date

For internal use only

Date vouchers picked up _____ Eye Exam paid _____