

EYEGLOSS/HEARING AID APPLICATION PROCESS

The application process is as follows:

1. Student is identified as possibly needing glasses/hearing aid by nurse, counselors, teacher, or principal
2. Application is sent to parent/legal guardian to be completed (nurse, counselor, principal will have application)
3. Parent/Legal Guardian completes form and then returns it to the School who will fax it to the School Nurse Center at 687-4362.
4. Nurse reviews application and will mail it to parent/legal guardian
5. Parent/Legal Guardian takes child and form to doctor and dispensary
6. Doctor/Dispensary sends invoice to The United Way of Northwest Louisiana for reimbursement

The Community Foundation
Of Shreveport- Bossier



United Way
of Northwest Louisiana



EYEGLOSS/HEARING AID APPLICATION

United Way through its Eyeglass Fund (est. 1942) and The Community Foundation of Shreveport-Bossier through its Eulava Joyce and Charles Ravenna Fund have limited funds available to assist qualified students with the purchase of eyeglasses and/or hearing aids. The fund at The Community Foundation was established at the Foundation to honor Public School Teachers in Caddo Parish.

Complete the information below and return to the School Nurse Center, 5800 W. 70th Street, Shreveport, Louisiana 71129.

Student name _____ Date of Birth _____

School and Teacher _____ Grade _____

Home address _____ Home Phone _____

Parent/Guardian _____ Work Phone _____

1. Our family receives assistance from Welfare/AFDC. yes__ no__
2. Our family qualifies for Medicaid. yes__ no__
3. Our family receives medical care at LSUMC. yes__ no__

Father's name _____ Employer _____ Income _____

Mother's name _____ Employer _____ Income _____

Parent/Guardian signature _____ Date _____

School Board Approval. **Authorization is given to reimburse only the following expenses:**

1. cost of eyeglasses _____ Date _____
2. cost of hearing aid _____ Date _____
3. cost of medical examination _____ Date _____

AFTER SCHOOL BOARD APPROVAL IS OBTAINED, TAKE THIS FORM TO YOUR CHILD'S DOCTOR. ASK THE DOCTOR OR CLINIC TO INVOICE:

**United Way of Northwest Louisiana
402 Edwards St.
Shreveport, LA 71101
Attn: Eyeglass Fund**