



## “A SIGHT FOR HOME EYES”

### FAIRFAX COUNTY PUBLIC SCHOOLS

Please complete this form and email it to the Lions Club and VHDO coordinators listed below:

[shirlwva@gmail.com](mailto:shirlwva@gmail.com)  
[Pammartinov@gmail.com](mailto:Pammartinov@gmail.com)  
[kattamara@visualhealthopt.com](mailto:kattamara@visualhealthopt.com)

### SUBMITTED BY:

Date:	School Name and Address:	Phone Number:
Social Worker/Counselor:		School Principal:
Email:		Email:
Phone No:		Phone No:

### RECIPIENT STUDENT:

Student Name:	DOB:	Student ID:
Student Grade:	Has this student participated in this program before?	
Name of Parent or Guardian		Contact Phone No:

### VISUAL HEALTH LOCATIONS

<b>VHDO FAIRFAX</b> 10690 Fairfax Blvd. Fairfax, VA 22030 <b>Tel: 703.273.6323</b> Fax: 703.273.6325	<b>VHDO ARLINGTON</b> 3012 Wilson Blvd. Arlington, VA 22201 <b>Tel: 703.566.1856</b> Fax: 703.566.1879	<b>VHDO SPRINGFIELD</b> 6828 Springfield Mall Springfield, VA 22150 <b>Tel: 703.971.2021</b> Fax: 703.680.7852
<b>VHDO WOODBRIDGE</b> 14901 Potomac Town Pl #120 Woodbridge, VA 22191 <b>Tel: 703.680.7850</b> Fax: 703.680.7852	<b>VHDO ASHBURN</b> 19825 Belmont Chase Dr. #165 Ashburn, VA 20147 <b>Tel: 571.291.3604</b> Fax: 571.918.4916	



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### **FAIRFAX COUNTY PUBLIC SCHOOLS CRITERIA REQUIREMENTS FOR THIS PROGRAM**

In a combined effort from school social workers, the Baileys Crossroads Lions Club and Visual Health Doctors of Optometry, the following criteria has been set to select students that would benefit from this program. Please note that all referrals must come from a school social worker and school principal. All submissions are subject to verification. Final determination will be decided by Visual Health Doctors of Optometry.

- 1. Student must be enrolled in a Fairfax County Public School.**
- 2. Student must be eligible for the 2017-18 Free-Reduced Lunch program.**
- 3. Students that do not have or qualify for insurance or Medicaid will have priority.**
- 4. Only one student per household will be eligible per month.**
- 5. Student must be accompanied by a parent or guardian when receiving glasses.**

Once a student meeting all of the above criteria's is selected, please submit the request via email to the program coordinators for verification. Certificates will be given to those that qualify. Signatures from all three representative groups will be required to complete the process. Visual Health will contact the parent or guardian of the recipient to determine the location and time to receive the glasses.

**NOTE: Visual Health Doctors of Optometry reserves the right to adjust, alter, or modify the criteria at any time.**