APPLICATION FOR FUNDS FOR EYE GLASSES

A fund has been established by the 2007 New Mexico Legislature to provide for eye glasses for children who are visually impaired and who do not have private insurance or Medicaid coverage to pay for eye glasses. Application can also be made to the fund if children break their eye glasses and a replacement pair is not covered by private insurance or Medicaid. To qualify, a child/student must have a diagnosis of visual impairment and must receive services as a child with a visual impairment through an IEP or IFSP. To apply, please complete the following:

Child's Name:	DOB:
Parents:	Address:
Phone Number: C	hild's visual diagnosis:
Name of Child's Developmental Visio	on Specialist or Teacher of the Visually Impaired:
Eye Doctor's Name:	Phone:
Does the child have a current prescrip	tion for eye glasses?yesno
Describe need for funds for eye glasse	es:
I confirm that I do not have other fund state funding to cover the glasses:	ds to pay for my child's eye glasses and am applying for
Print Name:	Sign Name:
Applications should be sent to:	
Cindy Faris/Valerie Tiensvold Phone: (575 / 800) 437-3505 New Mexico School for the Blind and 801 Steven Moody Street SE, Albuqu Or faxed to Cindy Faris/Valerie Tiens	erque, NM 87108