

HEIDELBERG COMMUNITY AND SPOUSES' CLUB

CMR 419 Box 1643
APO AE 09102



Phone: 06221 601 401
Fax: 06221 763 085
welfare@hcsc-heidelberg.com

BRIGHT EYES APPLICATION FORM

(All portions **must** be completed)

PLEASE NOTE: This form MUST be completed in RED ink.

Policy: We will only consider children who are attending a DODDS school and who are also enrolled/eligible for the DoDDS Free & Reduced Fee Lunch Program.

THIS PROGRAM DOES NOT PROVIDE FOR EYEWEAR REPLACEMENT, DUPLICATION OR REPAIR.

It is the intent of the program to provide the initial pair of eyewear only.

Procedure: Parent or Guardian completes Part I of the form and makes appointment at Optometry Clinic. Optometry Clinic staff completes Part II of form. Parent or Guardian takes form to Child, Youth & School Services, Central Registration Office for completion of Part III. **Parts 1, II, & III MUST** be completed **BEFORE** proceeding to Optical Shop. Optical Shop completes part IV and retains form.

Part I (Parent or Guardian)

*

Student's Name

Student's Date of Birth

*

Student's School & Grade

*

Sponsor's Name

SSN (last 4)

*

APO Address

*

Home Phone

Duty Phone

Has this child ever been previously prescribed and/or worn glasses? YES NO

If yes, the child is **NOT** eligible under this program. If no, continue to Part II.

Parent's or Guardian's Signature

Part II (Optometry Clinic)

Attending Physician's Signature

Appointment Date

Part III (CYS Services, CER Office)

***This form Expires in 60 (Sixty) Days from this date ***

Date

"The above named child is eligible for the DoDDS Free & Reduced Fee Lunch Program"

Printed Name

Signature

Part IV (Optical Shop) Attach copy of order form and payment receipt.

The Bright Eyes program will cover the cost of the basic "Image I" frames and lens. Special frames/lenses requirements outside the basic "Image I" group may be allowed on a case-by-case basis. Approval **MUST BE** provided in advance by the Welfare Chairman **BEFORE** filling the order. The Welfare Chairman may delegate approval authority to other members of the Welfare Committee. Any such approval must be documented below.

"The following HCSC check was received as payment for this Bright Eyes Application"

Printed Name

Signature

Special HCSC Authorization - Name & Date

Part V (Welfare Treasurer)

Date	\$
	This Action Amount

Voucher #	Check #	\$
		Check Amount

Signature

Notes:

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BRIGHT EYES PROCEDURES & POLICY

The following procedures and policy should be used in processing all "Bright Eyes" requests. Any question as to intent or any waiver should be addressed to the HCSC, Welfare Chairperson who is responsible for the administration of this program.

PROCEDURES: This is a simple step-by-step description of the process from start to finish.

1. School Nurse identifies child with eyewear needs through screening process.
2. School Nurse sends application form home to child's parents or guardian.
3. Parent/Guardian completes Part I of the form and makes appointment at Optometry Clinic.
4. Optometry Clinic staff completes Part II of the form.
5. Parent/Guardian takes form to Child, Youth & School Services, Central Registration Office.
6. CYS Services verifies child participates in DoDDS Free & Reduced Fee Lunch Program and completes Part III of the form.
7. Parent/Guardian takes form to AAFES Vision Center to receive glasses.
8. AAFES Vision Center completes Part IV and retains the form.
9. HCSC Welfare Treasurer reviews the form for accuracy, completes Part V of the form and renders payment to the AAFES Vision Center.

POLICY:

1. Children who are attending a DoDDS school and who are enrolled or eligible for the DoDDS Free & Reduced Fee Lunch Program are the only participants.
2. This program does not provide for eyewear replacement or repair.
3. "Image I" group glasses from AAFES Vision Center are the approved glasses/frames. Special frames and/or lens requirements may be allowed on a case-by-case basis but approval **must be provided in advance by the Welfare Chairperson.** The Welfare Chairperson may delegate approval authority to other members of the Welfare Committee. Any such approval must be documented on the Application form.
4. The Welfare Treasurer will make payments on a monthly basis, or as agreed to by the Welfare Treasurer and the AAFES Vision Center.
5. All portions of the Application form must be completed before the Welfare Treasurer will render payment.
6. The Welfare Chairperson will validate procedures and policy on an annual basis, normally after the start of each new HCSC Board Year.