



## Gift of Sight Program

### **Mission:**

The Eye Center South Gift of Sight program exists to provide Cataract Surgery to select individuals in the community who are in need of Cataract Surgery and otherwise could not afford to have this surgery performed.

### **General Information:**

This service is provided by several Doctors at Eye Center South who graciously give of their time to give back to the community. All applicants for this program are required to be referred by an Optometrist. Only one eye is eligible for the Gift of Sight Program. The following requirements were created to ensure that each individual who is chosen for this gift has a true financial and medical need.

### **Eligibility requirements:**

1. Vision of 20/70 or higher in the eye that patient wishes to have surgery on.
2. Proof that financial situation merits consideration for the surgery. Applicant will be asked to write a paragraph or two stating why they feel their financial situation should make them eligible for this gift. (Family member or friend can write this if patient is not able). Applicant will also be required to provide documentation of their income and monthly budget. A copy of prior year federal Income tax return and a current bank statement will also be required.
3. Applicant must fill out a copy of the Eye Center South hardship form.
4. Applicant must make a vision screening appointment at Eye Center South to verify that there is a true medical need for this gift. There will be no charge for this visit.
5. Referral from an Optometrist is required to participate in this program.
6. Applicant can't currently have or be eligible for any type of health insurance.
7. Applicant must complete the application and monthly household worksheet on the following 2 pages.
8. Applicant can't have previously had free cataract Surgery through the Eye Center South Gift of Sight Program. Only one eye is eligible for the Gift of Sight program.



## Gift of Sight Application

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone number (\_\_\_\_\_) \_\_\_\_\_

Alternate phone number (\_\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Do you have Health Insurance?  
\_\_\_\_\_

Are you eligible for any type of Health Insurance? \_\_\_\_\_

Who in your household is currently employed? \_\_\_\_\_

How many dependent children live in the Household? \_\_\_\_\_

What is your total Household Income? \_\_\_\_\_

What is the total number of people in your household? \_\_\_\_\_

What is the name of the Optometrist who referred you?  
\_\_\_\_\_

Is patient or spouse confined to a bed or wheelchair? \_\_\_\_\_

Is patient or spouse now in a nursing home? \_\_\_\_\_

Have you ever had a free Cataract Surgery through our program before? \_\_\_\_\_

<b>Monthly Household Budget Worksheet</b>	Self Amount	Spouse or other Household Members	Total monthly amount
<b>Monthly Income(all sources)</b>			
Salaries/Wages			
Social Security			
Retirement			
Aid for family with dependent children			
Food Stamps			
Other			
<b>Total</b>			
<b>Monthly Bills</b>			
	<b>Monthly Payment</b>		
Rent/Mortgage			
Car payment(s)			
Health Insurance Premiums			
Car Insurance Premiums			
Food			
Electricity			
Gas(home use)			
Phone			
Water/Sewage			
Cable/Satellite			
Garbage			
Credit Card Payment(s)			
Loan payment(s)			
Medication			
Medical Bill #1			
Medical Bill#2			
Other			
Other			

**I certify by signing below that I have answered all questions on this application truthfully and to the best of my knowledge. I understand that if I am selected as a recipient of this program, that I will only be eligible to have free cataract surgery on one eye.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please be assured that all personal information will be kept completely confidential.*

*Please return to Sherry McLean: 334-702-1296 or [smclean@eyecentersouth.net](mailto:smclean@eyecentersouth.net)*

*Eye Center South*

*c/o: Sherry McLean*

*2800 Ross Clark Circle*

*Dothan, AL. 36301*