

I Care San Antonio Vision Center

Application for Services

1 Haven for Hope Way ■ San Antonio, TX 78207 ■ 210-220-2370 ■ FAX 210-220-2499

The mission of I Care San Antonio is to bring quality eye care, including medical, surgical and glasses, to low income and homeless families of San Antonio and the surrounding counties. We are a non-profit Christian organization supported by 35 volunteer doctors, local foundations and churches.

To be eligible for services, applicants must not have an income exceeding 150% of federal poverty guidelines and **submit a completed application with supporting documentation**. Incomplete or incorrect applications will be denied. Federal poverty guidelines can be found on the internet at <http://aspe.hhs.gov/poverty/15poverty.cfm>

Applicant Name: _____ Age: _____

Date of Birth: ____/____/____ Sex: ____ Social Security Number : _____ - _____ - _____

Mailing Address : _____

Please include apartment number.

City: _____ ST: _____ Zip: _____

Phone: (____) _____ - _____ Cell Phone: : (____) _____ - _____

Marital Status (Circle One): Single Married Divorced Separated Widowed

Are you a U.S Military Veteran? Yes No

Do you have an immediate family member who has served in the U.S. Military? Currently Previously

Proof of Residency: A social security number is not required for application approval however, you must proof of 6 months residency is required. Please submit a copy of one of the following with YOUR name and matching address: Photo Identification Card, CPS, SAWS, mail from a financial institution, cell phone bill, voter registration card or other household bill.

What is your need? _____ Eye Exam _____ Eye Glasses _____ Date of last eye exam: _____

Have you worn prescription glasses in the past 5 years? _____

Any eye conditions? Yes No If yes, please explain _____

Are you Diabetic? Yes No

Do you have medical insurance? Yes No

Do you have Carelink? Yes No

Insurance name : _____

(Medicare, Medicaid, BCBS, Aetna, Other)

Member ID : _____ Part/Policy# _____

Were you referred to I Care San Antonio? Yes No

Referring Agency: _____ Phone: (____) _____ - _____

Please include a copy of front and back of insurance card.

Household Verification: Include a copy of your current lease or mortgage statement.

Including yourself, how many people live with you at the same address? _____

Please list ALL individuals (including yourself) living at this address (omit if living in a group home or shelter)

Name	Relationship	Age	Employed	Monthly Income	Employer/Source of Income
			Y or N	\$	
			Y or N	\$	
			Y or N	\$	
			Y or N	\$	
			Y or N	\$	
			Y or N	\$	
			Y or N	\$	

Please provide proof of income for each person in the household. If anyone in the household is of working age, and not working, please explain why on a separate piece of paper.

PROOF OF INCOME: Please submit a copy (originals will not be returned) of **TWO** of the following for each person working in the household: Payroll stubs for at least the last 3 months, tax return, letter from the employer stating amount earned monthly and copies of bank statements for the last 3 months.

Please complete the chart below with totals for the household. Failure to complete the chart below will result in your application being denied. Please disregard if you live in a group home or shelter.

Bills	Amount
Cell Phone(s) Bill	\$ /month
Electric Bill	\$ /month
Water Bill	\$ /month
Cable Bill	\$ /month
Car Payment	\$ /month
Mortgage or Rent	\$ /month
Paid Child Support	\$ /month
Other -	\$ /month
TOTAL EXPENSES	

Income Source	Amount
Employment (all)	\$ /month
Disability	\$ /month
SSI	\$ /month
Social Security	\$ /month
TANF/Food Stamps	\$ /month
Received Child Support	\$ /month
Other -	\$ /month
	\$ /month
TOTAL INCOME	\$ /month

Please read and sign below.

I affirm that the given information, including income, is true and correct to the best of my knowledge. I understand that the information which I submit concerning my annual income and family size is subject to verification. I also understand that if the information which I submit is determined to be false or if I fail to notify I Care of any new or changes to my insurance, such determination will result in a denial of services, and that I may be liable for charges for services provided.

Signature: _____

Date: _____

Application Check List (Please do not send originals, please submit copies)

- All sections of the application are complete. Double check all areas of household income are completed including ages. **Incomplete applications will be denied.**
- Application is signed and dated.
- Proof of Residency for 6 months.
- Photo ID, even if it is expired.
- Copy of any medical insurance or health coverage benefit cards that you may have (front and back of card).
- Income Documents: **TWO** of the following for each person working in the household.
 - Current Tax Return
 - Payroll stubs for the last 3 months.
 - Bank statements for the last 3 months
 - Letter of Employment Verification
- If applicable, provide a copy of Social Security, Disability or SSI benefit letter.
- If applicable, provide a copy of Food Stamp benefit letter.
- Rental lease or mortgage statement attached.
- If you live in a group home or shelter, please include a Letter of Residence on agency letterhead.
- If you are not working, provide a letter detailing how you pay for living expenses.
- If you receive assistance from family, friends or organizations, each need to provide a letter documenting the financial assistance provided each month.

Return your completed application and required documents to:

I Care San Antonio Vision Center
Bldg 1, Ste 200
1 Haven for Hope Way
San Antonio, TX 78207
Main: (210) 220-2370
Fax: (210) 220-2499

Who is I Care San Antonio?

Since 1993, I Care San Antonio, a faith based, medical non-profit 501 (c)(3) organization has been providing vision care to low income and homeless families. Eye care services received at the I Care San Antonio Vision Center are donated by volunteer doctors. Our volunteer doctors have donated over 6 million dollars of care. I Care San Antonio is funded by individuals, foundations, churches and local corporations.

I Care San Antonio Vision Center

Frequently Asked Questions

How do I submit my application?

You can submit your application in person, by mail, fax, or email to info@alamovision.org

What happens next with my application?

It takes 3 – 6 weeks to process your application. Once your application is approved, you will receive a call to set up an appointment. If we are unable to reach you by phone, you may receive an appointment letter in the mail.

What services do you provide?

The I Care San Antonio Vision Center provides complete eye care including medical, surgical, and glasses* to individuals living at 150% or below federal poverty guidelines.

*Glasses are only provided to patients who do not have any insurance plans that help cover this.

Are there fees associated with services?

There is a \$20 copay for complete eye exams and a \$10 copay for follow up appointments. There are fees associated with replacement eye glasses and surgeries. All additional fees will be discussed with patients prior to services received.

If you are homeless or living in a shelter/group home, you will not incur exam fees for services.

Why do you need so many documents?

As a charity organization, services at the I Care Vision Center are meant for low income and homeless families who are living 150% or below poverty guidelines and cannot afford private care. The only way we can verify this information is by receiving copies of all the requested documents.

Do you take my insurance?

I Care San Antonio accepts Medicaid, Medicare, Blue Cross Blue Shield, Aetna, Superior, Envolve, United Health Care, and more. We need to verify your benefits, so it is very important to provide a copy of the front and back of your insurance card.

What happens if my insurance status changes?

Please keep our office informed of all changes such as insurance, phone number, income, etc.

What is considered household income?

Household income is a measure of the combined incomes of all people sharing a household or place of residence. It includes every form of income, e.g., salaries and wages, retirement income, food stamps, Social Security, SSI, or Disability. The residents of the household do not have to be related to the head of the household for their earnings to be considered part of the household's income.

What do I do if I need help completing an application?

Please call us to set an appointment so a staff member can assist you. Please come prepared with the documents listed on the check list, incomplete applications will not be accepted. We do have bilingual staff that can assist you.

How long will my application stay current?

Applications are current for one year, but additional information may be required.

Where is I Care San Antonio located?

We are in the downtown area of San Antonio off Frio Street. Our address is 1 Haven for Hope Way, Building 1 Suite 200, San Antonio, TX 78207.

