



2545 West 26th St
Erie, PA 16506
www.sightcenternwpa.org
Ph: 814-455-0995

EYE CARE APPLICATION

The Sight Center requires proof of household income before this application can be processed. If you have medical insurance we recommend obtaining an eye exam and prescription for eyeglasses prior to seeing us. Please complete a single application per applicant regardless of household relationship.

Last Name First Name Date

Address

City State Zip Code Phone Number

Date of birth Age

Applicant Insurance

Medical Insurance Carrier Member ID

Member Services Phone Number

Does your insurance have an eyeglass plan or coverage? Yes No Unknown

Household Income : Please include income for all persons living in your home, regardless of relationship

Employment wages Monthly amount

Retirement + pension +investments Monthly amount

Welfare + food stamps Monthly amount

Social Security + SSI + SSDI Monthly amount

Housing assistance Monthly amount

Other _____ Monthly amount

Monthly Total _____

% Poverty
(Calculated)
for SC staff only

Demographics

Caucasian

African American

Hispanic

South East Asia or Pacific Islander

Middle Eastern or India

Other _____

People in Household

Cost of services reduction based on household size

How long since last eye exam?

How old are your eyeglasses?

Services applying for

Exam Income based eyewear Exam & eyewear

How did you hear of our program

TV Radio Newspaper Word of mouth

Dr. Referral Other _____