

I Care Vision Center at Haven for Hope Application for Services

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

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. 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: _____ - _____ - _____

Please include apartment number.

Mailing Address: _____ Phone: (____) _____ - _____

City: _____ ST: _____ Zip: _____ Cell Phone: : (____) _____ - _____

Proof of Residency: A social security number is not required for application approval however, proof of residency is required. Please submit a copy (originals will not be returned) of one with matching address: Texas Identification Card, CPS, SAWS, or other household bill with YOUR name, mail from a financial institution, cell phone bill, voter registration card.

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

_____ Eye Disease, if yes, please explain _____ Do you have Diabetes? _____

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

Do you have medical insurance? Yes No

Please include a copy of your insurance card if you have one

Do you have "Obamacare" or Affordable Care Act insurance? Yes No

Do you have Carelink? Yes No

Include Insurance name & number _____ Part/Program? _____
(Medicare, Medicaid, Carelink, Other) (A, B, QMB, MQMB)

Were you referred to I Care San Antonio? Yes No

Referring Agency: _____ Phone: _____ Contact Person: _____

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

Disregard if you are living in a group home or shelter

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

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

Name	Age	Employed	Monthly Income	Employer/Source of Income
		Y or N	\$ (include proof)	
		Y or N	\$ (include proof)	
		Y or N	\$ (include proof)	
		Y or N	\$ (include proof)	
		Y or N	\$ (include proof)	
		Y or N	\$ (include proof)	
		Y or N	\$ (include proof)	

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 one of the following for each person working in the household: Payroll stubs for at least the last 2 months, tax return, letter from the employer stating amount earned monthly.

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

Bills	Amount
House Phone Bill	\$ /month
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
	\$ /month
TOTAL INCOME	

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.
- Application is signed and dated.
- Proof of Residency attached. : A social security number is not required for application approval however proof of residency is required. Please submit a copy (originals will not be returned) of one with matching address: Texas Identification Card, CPS, SAWS, or other household bill with YOUR name, mail from a financial institution, cell phone bill, and/or voter registration card.
- Photo id attached.
- Attach a copy of any medical insurance or health coverage benefit cards that you may have.
- Rental lease or mortgage statement attached. Disregard if you live in a group home or shelter.
- A copy of one of the following for each person working in the household: Payroll stubs for at least the last 2 months, tax return or letter from the employer stating amount earned monthly.

Return your completed application and required documents to: FAX ALL PAGES (210)220-2499
MAIL or INPERSON: I Care San Antonio
1 Haven for Hope Way
San Antonio, TX 78207

Who is I Care San Antonio?

The I Care Vision Center is a program of 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 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 Vision Center at Haven for Hope

Frequently Asked Questions

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 Vision Center provides complete eye care including medical, surgical, and glasses* to individuals living at 150% or below federal poverty guidelines. We also provide eye medications to those who need them but cannot afford them.

*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 annual 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 and living in a shelter or group home, you will not incur fees for the services provided at the I Care Vision Center.

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.

What is considered household income?

Household income is a measure of the combined incomes of all people sharing a particular household or place of residence. It includes every form of income, e.g., salaries and wages, retirement income, food stamps, and social security. 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?

Staff is available on Wednesday mornings from 8:30-9:30am to assist with your application. Please come prepared with the documents listed on the check list, incomplete applications will not be accepted. There is only an English language application. However, we do have a bilingual staff that can assist you.

What happens if my insurance status changes?

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

How long will my application stay current?

Applications are current for two years, but additional information may be required.