225 W. Wacker Drive
Suite 400
Chicago, IL 60606

[800] 331.2020 toll free
[312] 363.6001 local
www.preventblindness.org

Prevent Blindness
Our Vision Is Vision.

Services needed: ◯ Eye Exam & glasses ◯ glasses only Date of last exam: _____

_____

Name (please print) Date of birth

_____

Street address City, State, Zip

OHSU Casey Eye Institute Community Outreach

_____

Primary phone Referring Agency

_____

Number of people in your household (Including yourself) Email address

Please select which type of insurance you have.

◯ Medicaid ◯ Medicare ◯ State coverage (i.e. MediCal, TennCare, AHCCCS, but not limited to these)
◯ Vision coverage through employer ◯ Supplemental coverage (i.e. AARP, Humana, etc.)
◯ Veteran's Benefits ◯ None ◯ Other (please describe) _____

What is the ***Total*** Yearly family income (i.e. ***ALL*** household income, spouse's income, dependent income etc.)? $_____

I attest that the above information is true to the best of my knowledge:

Signature_____ Date_____

Please mail or fax applications to:

Casey Eye Institute
515 SW Campus Drive, Portland, OR 97239
Attn: CEI Outreach Program
Phone # 503-418-1698 Fax # 503-494-5446

OR Email completed application to: caseyoutreach@ohsu.edu

Please allow 3 - 4 weeks for processing.