

Email to MDHHS-Hearing-and-Vision@michigan.gov

Vision Program Request for Forms

Address to which shipment should be made:

Date: _____

(Requester's Name)

(Name of Agency)

(Number and Street)

(City)

(State)

(Zip Code)

School Vision Screening Supplies:

<u>Form Number</u>	<u>Title of Form</u>	<u>Quantity</u>
DCH-0935	School Screening Card - two line difference (250/pkg)	_____
DCH-0503	School - Room Summary Form (100/pkg) (One set for every 30 children)	_____

Preschool Vision Screening Supplies:

<u>Form Number</u>	<u>Title of Form</u>	<u>Quantity</u>
DCH-0934	Preschool Screening Card - two line difference (250/pkg)	_____
DCH-0503P	Preschool - Daily Report Form (50/pkg) (One set for every 30 children)	_____
DCH-0508	Preschool - (Bunny) Occluder (500/pkg) (One for each child to be screened)	_____

Forms on the Website:

DCH-0479	Preschool/Kindergarten Screening Form (One for each child to be screened)	_____
DCH-0504	Vision Program Request for Forms (single sheet)	_____
DCH-0605	Quarterly Vision Screening Report - Batch Sheet (single sheet)	_____