



REQUEST FOR YOUTH

LOW VISION SERVICES

Eligibility:

- Services are available to children birth through the age of 13.
- Visual acuity of 20/70 or less in the best-corrected eye.
- Visual field restriction 40 degrees or less in the best eye with documented deteriorating eye diagnosis.
- Family household income must not exceed \$150,000.00

Request for services: If this is the first time Youth Low Vision Services are being requested. An eye report or letter from an Optometrist or an Ophthalmologist dated no more than two years from this request's date must be included.

Referral for Biennial Assessment

Other (in the case of significant vision loss, lost or damaged devices):

BSBP will provide up to the maximum benefit for eligible participants during the service period:

Low vision assessment	\$250.00
Contact Lenses (two year prescription)	\$200.00
Complete Pair of Glasses (frames, lenses, tint, coating)	\$500.00
Customary Telescopic or Microscopic Device	\$1,500.00

Comparable Benefits should always be used to subsidize the cost of providing the services by BSBP. Comparable Benefits can include but are not limited to private or public health/vision insurance. Private funding through a service organization such as Lions Club, Rotary, etc., is encouraged.

At age 14, a YLV student should be referred for [Pre-Employment Transition Services](#) (Pre-ETS).

Child's name:

Date of Birth:

Address:

City, State, and Zip Code:

Telephone number, including area code:

Race:

Gender:

Vision/Medical Insurance:

Low Vision Provider:

Teacher Consultant:

Telephone:

School District:

Parent/guardian signature

I am requesting Youth Low Vision services from the Bureau of Services for Blind Persons (BSBP) on behalf of my minor child identified above. In signing this request for YLV services, I authorize sharing information between BSBP, my child's local school district, and the identified low vision practitioner to provide optimal services.

Signature:

Date:

Print name:

Email: