



## VISIONS OF VISION Application Form

A Program of Christians Encouraging Christians, Inc. (CEC)

[christiansencouragingchristians.org](http://christiansencouragingchristians.org)

[cecinc.info@gmail.com](mailto:cecinc.info@gmail.com)

Contact: Kathryn Spradley (405) 204-4570

**(A Letter of Referral on School Letterhead Must be Attached)**

Date: \_\_\_\_\_

Name of School \_\_\_\_\_

City School is located: El Reno \_\_\_\_\_ Mustang \_\_\_\_\_ Yukon \_\_\_\_\_

Name of School Representative \_\_\_\_\_

Phone # of School or Representative \_\_\_\_\_

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

STATEMENT OF NEED:

---

---

---

Does student have eye care insurance? Yes/No

Do they have any other resources to pay for glasses? Yes/No

Does student have Medicare coverage? Yes/No

When was last eye exam? \_\_\_\_\_

When were lenses last replaced? \_\_\_\_\_