



Application for Professional Referral Exam Payment Waiver Request

Student's Name _____ Date _____

Age _____ Grade _____ School Building _____

Referral made by	_____
School or Organization	_____
Phone #	_____
Email	_____

PARENT INFORMATION

Name Parent 1 _____ Phone _____

Address _____ City _____

Name Parent 2 _____ Phone _____

Address _____ City _____

* Do parents know that you are requesting assistance? Yes No

Please complete the following to the best of your ability; check all that apply:

Student is a resident of Livonia and attends Livonia Public Schools

Student is entering grade K-8

Family meets current income eligibility guidelines and receives free lunch

Family meets current income eligibility guidelines and receives reduced lunch

Question & Answer

Q: Who is eligible?

A: Anyone who has been approved for the federal free or reduced lunch program for the current school year, is entering grade K-8, and referred by a school professional.

Q: What is covered?

A: A comprehensive eye examination, refraction, retinal imaging, and, if needed, a complete pair of eyeglasses for correction.

Q: How do I refer a student?

A: Complete this form and send to our Eye Support team:
Email: eyesupport@suburbaneyecare.com | Fax: (734) 525-0726

Q: What happens next?

A: We will confirm receipt of this application at your email address provided, then contact the parents to schedule an exam. We will not be able to provide you with additional information pertaining to the exam without written permission from a parent.