

The CEI Foundation Vision Clinics Referral Form

For Appointments Call: (513) 207-6140

Referring Agency/Doctor: _____ Phone: _____

Agency Address: _____

Patient Name: _____

Patient Address: _____ City/State/Zip _____

D.O.B.: _____ Gender: _____ Phone: _____

Language/Special Needs: Patients **must** be able to speak English; **translators are not provided**. We are **not** wheel chair accessible.

For appointments, please call on behalf of the patient for an available scheduled time or, indicate:

- Please call patient for appointment. Patient will call for appointment.

Appointment Date: _____ Time: _____

Qualifying Factors:

1. Is the patient 18 years of age or older? **If No, patient does not qualify.** Yes No
2. Does the patient have a current eye care provider? **If yes, the patient does not qualify.** Yes No
3. Does the patient have health insurance (this includes Medicare/Medicaid)?
If yes, the patient does not qualify. Yes No
4. Does the patient meet Federal Poverty Guidelines? (**Please see below and circle**). Yes No

<u>Family Size:</u>	<u>Income Limit</u>	<u>Family Size:</u>	<u>Income Limit</u>
1	\$24,980	6	\$69,180
2	\$33,820	7	\$78,020
3	\$42,660	8	\$86,860
4	\$51,500	9	\$91,180
5	\$60,340	10	\$95,500

Patient must bring verification of income to the first appointment or they will not be seen in The Cincinnati Eye Institute Foundation Vision Clinics. NO EXCEPTIONS. Proof of income: Please bring your most **current** pay stubs which documents your income for a month; **or** a recent W2 form; **or** an SSI benefit letter stating your **current** financial amount received; **or** unemployment benefit letter; **or** a dated and signed statement from a referring agency (social services, counselor, parole/probation officer, church) on their letterhead saying that you have no income and they are assisting you; **or** a homeless certificate, or Food Stamp verification letter.

Reason(s) for Referral: Eye exam (eye glasses) Glaucoma Cataracts Retinal
 Diabetic Previous eye injury _____

Referring Doctor or Agency Representative Signature

Date

Please fax this form to the CEI Foundation Eye Clinic at (513) 878-2299

The CEI Foundation Vision Clinics Locations

Clovernook Center (Procter Center)

1574 Claretta Drive
Cincinnati, OH 45231

St. Vincent de Paul/ Neyer Outreach Center

1146 Bank St
Cincinnati, OH 45214

Good Samaritan Free Health Clinic

3727 St. Lawrence Ave
Cincinnati, OH 45205

Health Point Family Care

1401 Madison Ave
Covington, KY 41011