



Sight for Students (Application)

To qualify for this program:

- The family income is at or below the 200% of federal poverty level.
- The child must be 18 years of age or younger and enrolled in school.
- The child is not covered by Medicaid or other vision insurance.
- The child has not used Sight for Students program in the last 12 months.
- The child or parent is a US citizen or documented immigrant with a social security number.

Child's Name _____ Birth date _____ Social Security# _____

If child doesn't have a SS# then, we need a parent's Social Security # _____

Parent's Name: _____ Phone number _____

Address: _____

Check One:

Head Start Child Head Start Sibling Child in the community

200% of Federal Poverty Guidelines (2011)			
Size of Family	48 States & DC	Alaska	Hawaii
1	\$21,780	\$27,200	\$25,080
2	29,420	36,760	33,860
3	37,060	46,320	42,640
4	44,700	55,880	51,420
5	52,340	65,440	60,200
6	59,980	75,000	68,980
7	67,620	84,560	77,760
8	75,260	94,120	86,540
For each additional person add:	\$7,640	\$9,560	\$8,780

Note to Home Visitor:

If child is not enrolled in Head Start, please attach proof of income.

Home Visitor Name _____

Center _____

Date faxed or mailed _____

Please keep a copy in child's file

Fax or mail to:

Delia Villanueva, Health Specialist

College of Southern Idaho

Head Start/Early Head Start

Twin Falls, ID 83309-1238

Phone (208) 736-0741 ext 120

FAX (208) 734-3832

E-mail: Delia.Villanueva@headstart.csi.edu