

# FLORIDA HEIKEN CHILDREN’S VISION PROGRAM

## Statewide Vision Program

601 Southwest 8th Avenue

Miami, FL 33130

Phone: (305) 856-9830/1(888) 996-9847 Fax: (305) 856-9840 /1(888) 980-8474

[www.miamilighthouse.org/floridaheikenprogram.asp](http://www.miamilighthouse.org/floridaheikenprogram.asp)



## REFERRAL / CONSENT

FAX THIS FORM AND THE SIGNED PARENTAL CONSENT FORM TO THE ABOVE NUMBER

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

Attn: Florida Heiken Children’s Vision Program

School: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Total Number of Students Referring: \_\_\_\_\_

### Eligibility Requirements:

1-Must be attending a Florida State Public School in Counties we are contracted with.

2-Must have Failed the School Based Vision Screening **Twice** and it is **Required** that you provide the Heiken Program with both failure dates on the Parent Consent Form, if not the student cannot be eligible

3-The Student must be on the Free or Reduced Lunch Program, and you need to attest to that on the Consent Form and Sign.

4-Student must have no Insurance, which the Florida Heiken Children’s Vision Program and the Florida Optometric Physicians Network will determine

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