



Professional Care by Caring Professionals.

Dear Parent(s)/Guardian(s),

Illinois Statute (410 ILCS 205/) Child Vision and Hearing Test Act, requires that "vision and hearing screening services shall be administered to all children as early as possible, but no later than their first year in any public or private education program, licensed day care center or residential facility for handicapped children; and periodically thereafter, to identify those children with vision or hearing impairments or both so that such conditions can be managed or treated. "The Illinois administrative Code (Title 77, Ch. I, sub Ch. J, Part 675 & 685) determined that:

Vision screening services shall be provided annually for:

- All preschool children three years of age (or older) in any public or private educational program or licensed child-care facility.
- All school age children who are in kindergarten, second and eighth grades; in all special education classes; referred by teachers; and transfer students.

Hearing screening services shall be provided annually for:

- All preschool children three years of age or older in any public or private educational program or licensed child care facility.
- Hearing screening services shall be provided annually for all school age children who are in grades K (kindergarten) 1, 2, and 3; are in any special education class; have been referred by a teacher; or are transfer students.

VNA Health Care offers Vision and Hearing Screening services to meet this requirement for your child. Please select a payment method or proof of examination below and return this form back to your child's school.

I have the Public Aid/Medical Card or All Kids Card. Please provide the Child's RECIPIENT ID# below.

(9 digit # on back of medi-plan or All Kids card)
Your Medicaid/All Kids card will be billed

I will provide payment for the services. Please provide cash or a check payable to your child's school.

Vision Screening - \$6.00
Hearing Screening - \$6.00

I have proof of an eye examination by an M.D. specializing in diseases of the eye or a licensed optometrist and/or proof of an ear examination by a physician and an audiologist evaluation completed by an audiologist that has been administered within the previous 12 months.

Child's First Name _____ Child's Last Name _____

Address _____ City _____ Zip _____

Date of Birth _____ Male Female

**** "Vision screening is not a substitute for a complete eye and vision evaluation by an eye doctor. Your child is not required to undergo this vision screening if an optometrist or ophthalmologist has completed and signed a report form indicating that an examination has been administered within the previous 12 months." (Section 27-8.1 of the School Code)**