



**LETTER TO ACCOMPANY MAILED
APPLICATION**

NC DIVISION OF SERVICES FOR THE BLIND
MEDICAL EYE CARE PROGRAM

Dear _____ :

The enclosed application for the Medical Eye Care Program is being mailed at your request. If you should have any questions about the application forms or the requirements of the Program, please call the person listed at the bottom of this letter.

Eligibility for this Program is based on several factors. The first is NC residency. The applicant must be a resident of NC who is not an illegal alien. A form I-551 (green card or Permanent Resident card) or an I-94 with a temporary I-551 stamp must be used for verification of residency. **A social security card does not document legal residency and neither does an IRS Taxpayer ID card.**

The second factor is the income and resources of family unit for the past 6 months. Page 2 of the application must be completed in detail to show all types of income and resources of the family unit. **The value assigned to each item by the applicant will be counted as a resource in determining eligibility for the Medical Eye Care Program.**

Please complete and sign the forms and return in the enclosed envelope.

If you need assistance, please call

_____ (worker) at

_____ (phone number and location) on

_____ (date).

Thank you!



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PURPOSE

The DSB-2031 is used to provide basic information about eligibility for the Medical Eye Care Program and must be mailed with each DSB-2001 Application for Eye Care Certification that is mailed to potential applicants.

INSTRUCTIONS

1. Enter the date the DSB-2031 is prepared and mailed to the potential applicant.
2. Enter the name and address of the potential applicant.
3. Enter the name of the potential applicant in the salutation.
4. Near the bottom of the form, enter the name of the worker completing the DSB-2031 and the worker's phone number and location of his/her office.

Also enter the date the worker will be available to answer questions from the potential applicant.

5. Sign the letter at the bottom of the page.
6. Mail the DSB-2031 with the DSB-2001 Application for Eye Care Certification to the potential applicant, keeping a copy for the worker's records.