



NOTIFICATION OF NEED FOR ADDITIONAL INFORMATION

Date: _____

Name and Address of Applicant:

Dear _____ :

I have reviewed your application for eye care, but I am unable to determine your eligibility for the program because:

- You have failed to attach verification of your household's income. We must have a wage statement of gross income and payroll taxes withheld for the past six (6) months, copies of checks if it is a regular monthly check such as VA or SSA or award letters. We will be glad to copy these for you if you will bring them into the office.
- You failed to date your application.
- You failed to sign your application.
- You are a recipient of Medicaid.
- You have failed to complete the part of your application requesting:

REMARKS:

Please make the indicated correction(s) to your application and resubmit it to me. After I review it, I will contact you regarding your eligibility for eye care services. If you have further questions, please feel free to contact me at

Day at Time _____

Please call the office to be sure I am in before coming by. After making corrections to your application, return it to the following address:

Cordially, _____