

PURPOSE

The person who is determining the eligibility of the applicant for the MEC Program will complete and mail this form to the applicant if the application is not complete or if the applicant is eligible to receive eye care services from another program.

INSTRUCTIONS

1. The interviewer will complete the date the form is prepared and mailed as well as the name and address of the applicant.

2. The interviewer will indicate with a "X" as many of the problem areas with the application as exist and write in any that are not described by the list.

3. The interviewer should give an expected date that the requested material should be returned as well as any other communication with the applicant that needs to be made under "REMARKS".

4. The phone number of the interviewer as well as a day and time that would be good for the applicant to call in should be written near the bottom of the form in the spaces provided.

5. The interviewer should sign the form at the bottom of the page.