

PURPOSE

This form letter notifies the applicant of the decision on his/her eligibility for the MEC Program if it was not possible for the interviewer to make the determination and verbally give the applicant the decision while the applicant and/or his representative was in the office.

INSTRUCTIONS

1. The date the DSB-2033 is completed and mailed should be written at the top of the form by the interviewer. The interviewer should write in the name and address of the applicant as well as the salutation to the applicant.

2. Either "ELIGIBLE" or "INELIGIBLE" should be marked with a "X" by the interviewer. If the applicant is ineligible, a brief explanation should be given on the lines provided.

3. Under "REMARKS", the interviewer may give the page number in the MEC Manual that describes the reason the applicant is not eligible or just explain the decision in more detail. This area may also be used to provide information about other programs that provide eye care that the applicant could contact for assistance.

4. The interviewer should provide a phone number, days and times when the applicant may contact him/her as well as the office address.

5. The interviewer must sign the DSB-2033 at the bottom of the page.