



Vision To Learn provides a concrete solution, real hope, and a simple, yet powerful tool to help kids in need. The tool? A pair of glasses.

The non-profit was founded in Los Angeles in 2012 to ensure that every child in America has the glasses they need to succeed in school and in life. It now operates in 127 school districts and more than 260 cities in 13 states, becoming the largest school-based program of its kind.

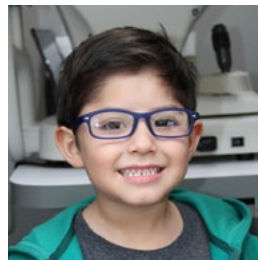
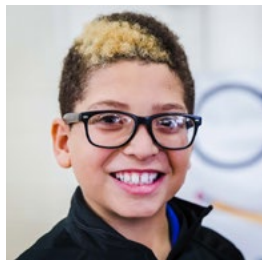
THE CHALLENGE

One in five kids in public schools lacks the glasses they need to see the board, read a book, or participate in class; and in low-income communities, 95% of kids who need glasses do not have them. Students with uncorrected vision problems often avoid reading, suffer headaches, and can have trouble focusing in class, as 80% of learning during a child's first 12 years is visual. Additionally, students not proficient in reading by the end of third grade are more likely to drop out of school.

THE SOLUTION

Vision To Learn mobile clinics solve the problem by bringing eye care and glasses, free of charge, to children at schools in low-income communities. Grades of kids who receive glasses from Vision To Learn improve almost 8% on average, according to UCLA researchers. The non-profit has helped screen about 680,000 kids, examined about 150,000, and provided glasses to over 110,000 -- all free of charge. In some states, Vision To Learn has figured out how to get reimbursed from Medicaid for a portion of its costs. This ability to access public funds, combined with philanthropic support, allows Vision To Learn to serve communities on a sustainable basis. Here's how Vision To Learn works:

- 1 Vision To Learn collaborates with schools and community partners to provide vision screenings to students.
- 2 A Vision To Learn mobile clinic comes to the school or community organization where a Vision To Learn optometrist provides eye exams to students who fail their vision screenings.
- 3 Students who need glasses pick a pair of frames from a large selection in the mobile clinic.
- 4 Students receive new glasses in about two weeks, free of charge.



CONTACT US

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WHERE VISION TO LEARN WORKS

CALIFORNIA

Delaware
Georgia
Hawaii
Iowa
Louisiana
Maryland
Michigan
Mississippi
New Jersey
North Carolina
Pennsylvania
Virginia

HELPING KIDS IN NORTHERN CALIFORNIA

Vision To Learn launched in California in 2012. To date, it has provided more than **23,300 eye exams** and about **20,000 glasses** to students in Northern California.

THE NEED IN CALIFORNIA

There are about 6.2 million students enrolled in California public schools. Based on district data, Vision To Learn estimates that about **625,000** children need **eye exams** and of those, **500,000** need **glasses**.



FIRST FRIDAYS

@ MANDELA GROCERY COOPERATIVE

The Vision to Learn van will be at the Pop-Up Village on the following First Fridays: June 7, July 5, and August 2.

To arrange a screening, fill out the attached form and:

- Contact KaSelah Crockett (510.698.2802) to schedule an appointment time during one of the events listed above, *or*
- Bring the completed form to the Village on one of the event dates listed above and check in at the Welcome booth for a drop in slot.

There will also be drop in appointments available at the events listed above for anyone who has not filled out a consent form in advance.

La camioneta, “Vision to Learn” estará en el Pop-Up Village los seguidos primer viernes del mes: junio 7, julio 5, y agosto 2.

Para arreglar un cribado o prueba, complete la forma y:

- Contacte KaSelah Crockett (510.698.2802) para programar una cita durante uno de los eventos alistado previamente,
- Entregue la forma completada al Village en unas de las fechas alistados previamente y regístrese en el puesto “Welcome Booth” para programar una cita el mismo día.

Citas de mismo día estarán disponibles en los eventos alistados previamente, para personas que no han llenado formas de consentimiento.

POPPING-UP WITH THE PEOPLE!

POPUPVILLAGE.ORG // FB+IG: @POPUPRESOURCEVILLAGE // T: @POPUPRESOURCES



MOBILE VISION SERVICES CONSENT AND RELEASE FORM

Dear Parent/Guardian,

Vision To Learn is a nonprofit organization that offers eye exams and glasses to kids at no cost. Vision To Learn will be bringing its mobile vision care clinic to your child's school to provide eye exams and glasses to children who need them. If you would like to give your child permission to participate in this program, please complete and sign this form. Return the completed form to the school.

There is no cost for your child to participate in the program.

Please see the instructions on the first page about what to do with your completed form.

PLEASE PRINT OR TYPE:

| | | | |
|------------------------------|----------------------|-----------------------------|---------------------------------------------------------------|
| REQUIRED: | | | |
| Child's First Name: | | Child's Last Name: | |
| <input type="text"/> | | <input type="text"/> | |
| Child's Date of Birth: Month | Date | Year | Child's Gender (please check one): |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| Parent/ Guardian First Name: | | Parent/ Guardian Last Name: | |
| <input type="text"/> | | <input type="text"/> | |

CONTACT INFORMATION:

| | | | | |
|----------------------|-------------------------|----------------------|----------------------|----------------------|
| Street Address: | | City: | State: | Zip: |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone Number: | Emergency Phone Number: | Email: | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

SCHOOL INFORMATION:

| | |
|----------------------|----------------------|
| Name of School: | Name of Teacher: |
| <input type="text"/> | <input type="text"/> |
| Grade: | Classroom: |
| <input type="text"/> | <input type="text"/> |

INSURANCE INFORMATION:

OPTIONAL (select one):

Child Has Medi-Cal

| | |
|----------------------|----------------------|
| Provider: | I.D. Number: |
| <input type="text"/> | <input type="text"/> |

Child Has Private Insurance

| | |
|----------------------|----------------------|
| Provider: | I.D. Number: |
| <input type="text"/> | <input type="text"/> |

Child Is Uninsured

By signing this form, I agree to allow my child to receive vision care services through Vision To Learn's mobile vision clinic. I acknowledge that I have the right to refuse any services provided by Vision To Learn but that I am choosing voluntarily for my child to receive vision services. I understand that receiving vision services provided by Vision To Learn's mobile clinic will not disqualify me from accessing non-mobile services for vision care. I agree that I am waiving any and all claims against the school where my child is a student that may arise from my child's participation in the program.

My signature shows that I have read and understood this voluntary Consent and Release and I agree to its provisions.

Parent/ Guardian Signature: _____ Date: _____

No, I DO NOT give permission for my child to be examined by Vision To Learn.



CONSENTIMIENTO PARA SERVICIOS DE VISION Y FORMULARIO DE LIBERACION

Estimado Padre/Tutor Legal,

Vision To Learn es una entidad sin fin de lucro que ofrece exámenes de la vista y lentes para niños sin costo alguno, y que traerá su clínica móvil a esta escuela para ofrecer exámenes de la vista y lentes a los niños que los necesiten. Si desea permitir que su hijo(a) participe en el programa de Vision To Learn, favor de llenar y completar este formulario, y entregarlo a la enfermera escolar.

La participación de su hijo(a) en el programa es gratuita.

Por favor vea las instrucciones en la primera página para qué hacer con su forma completada.

Favor de escribir en letra de molde:

OBLIGATORIO:

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----|-----|--|--|--|----------------------------------------------------------------------|
| Primer nombre del niño(a): | Apellido del niño(a): | | | | | | |
| | | | | | | | |
| Fecha de Nacimiento: | Sexo (favor de seleccionar): | | | | | | |
| <table style="margin: auto;"> <tr> <td style="text-align: center; font-size: small;">Mes</td> <td style="text-align: center; font-size: small;">Día</td> <td style="text-align: center; font-size: small;">Año</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> </tr> </table> | Mes | Día | Año | | | | <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino |
| Mes | Día | Año | | | | | |
| | | | | | | | |
| Primer nombre de Padre/Tutor Legal: | Apellido de Padre/Tutor Legal: | | | | | | |
| | | | | | | | |

INFORMACIÓN DE CONTACTO:

| | | | | |
|---------------------|-------------------------|---------------------|---------|----------------|
| Domicilio: | Unidad/ Apt: | Ciudad: | Estado: | Código Postal: |
| Número de Teléfono: | Teléfono de Emergencia: | Correo Electrónico: | | |

INFORMACIÓN DE LA ESCUELA:

| | |
|-----------------------|-----------------------|
| Nombre de la Escuela: | Nombre del Maestro/a: |
| Grado: | Numero de Salón: |

INFORMACION DE SEGURO MEDICO: **OPCIONAL (seleccione uno):**

El niño(a) tiene Medi-Cal

| | |
|------------|-------------|
| Proveedor: | Núm. de ID: |
|------------|-------------|

El niño(a) tiene un seguro partiular

| | |
|------------|-------------|
| Proveedor: | Núm. De ID: |
|------------|-------------|

El niño(a) no tiene seguro

Al firmar y aceptar este formulario, si mi hijo(a) no aprueba el examen de la vista, le otorgo mi autorización para recibir servicios mediante la clínica móvil de Vision to Learn. Reconozco mi derecho a rechazar cualquiera de los servicios que proporciona Vision to Learn, sin embargo, elijo voluntariamente que mi hijo(a) reciba servicios de la vista. Entiendo asimismo que al recibir servicios de la vista por parte de la clínica móvil de Vision to Learn no se descalifica mi acceso a servicios de la vista por medio de mi seguro. Me comprometo a renunciar a cualquier reclamo en contra de la escuela en la que mi hijo(a) participa, el cual surja a resultado de la participación de mi hijo(a) en el programa de Vision to Learn.

Mediante mi firma a continuación hago constar que leí y comprendo el presente formulario de Autorización y Descargo y estoy de acuerdo con sus disposiciones.

Autorizo que Vision To Learn realice un examen de la vista para mi hijo(a).

FIRMA DEL PADRE/TUTOR LEGAL: _____ Fecha: _____

No autorizo que Vision To Learn realice un examen de la vista para mi hijo(a).

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