



VISION IS POSSIBLE PROGRAM

Available To All VIP Clubs Of District 4-C5

PURPOSE OF THE VISION IS POSSIBLE PROGRAM:

VIP provides a means for participating clubs to help needy persons who require intensive eye care surgery.

VIP is a joint program between the Sacramento Valley Optometry Society, The Northern California Lions Sight Association (NCLSA) and the respective referring District 4-C5 Lions Clubs.

The participating Lions Club will screen patients for both visual and financial needs with referrals received from other service organizations, school nurses, etc.

The patient will be given the name of the ophthalmologist whom will be doing the evaluation/surgical procedure and the date and time of the evaluation or surgery.

VIP MEMBERSHIP

VIP club members are the only ones that may submit a client for medical services. VIP membership is \$6.00 per member. Non-VIP Members who submit a client for medical services are required to make a \$250.00 donation.

PARTICIPATING LIONS CLUB RESPONSIBILITY

- Each sponsoring Lions Club will be responsible for the following;
- Contacting Vision is Possible Chairman to access program services.
- Making arrangements for the patient's transportation to and from the eye doctor's appointments or surgery center.
- Minors or legally incompetent patients are to be accompanied by a parent, guardian or other responsible person.
- The sponsoring Lions Club shall be responsible for all and all additional expenses (i.e., transportation, housing or personal changes) incurred by the patient during his/her stay.

INSTRUCTIONS FOR THE VISION IS POSSIBLE QUESTIONNAIRE NORTHERN CALIFORNIA LIONS SIGHT ASSOCIATION



Urgency: Check the patient's diagnosis with the club's medical representative, or call the referring physician. Many conditions are listed on the Internet as well. The Club or VIP rep can learn enough about the condition to become an informed listener.

Source: Referred to NCLSA by the individual, a Lions club, a health agency, or other.

Sponsoring Club: We must have a sponsoring Lions Club before presenting a case to the board. Usually the closest VIP club is the sponsor. Club determines the patient's eligibility.

Name, address, phone, age/birth date, gender must be complete.

Medical Insurance: Check for County assistance, Medi Cal, or Medicare. Check for HMO.

Primary Physician: Name, address, and phone. It helps to have the name of the Dr., Nurse, and Office Manager.

Optometrist: Many patients have only seen an optometrist. Name, address, and phone.

Consulting ophthalmologist: It may be necessary for the club to refer the patient to an ophthalmologist for diagnosis. The consulting physician should have immediate access to an optometrist's previous evaluation, if any. The sponsoring club will normally pay for this visit.

Diagnosis and Other condition: These factors will normally determine the urgency of the case.

List of Medications: Self explanatory

Immediate and Special needs: Find out what problems, if any, can be addressed by others and refer the patient to the proper agency: Tri-Visual Services, a local church, the Salvation Army, etc. Perhaps another Lions Club can step in and help.

Availability for Appointment: Determine the patient's best appointment days and times.

Transportation: Does the patient need transportation; the sponsoring club normally shoulders this responsibility.

Medical release authorization: Ask the patient for authorization to talk to the physicians about the case and procedures involved. Remember that this is privileged information. **We are legally bound to respect the patient's right to privacy.**

Other information: A brief narrative describing the individual's financial situation that determines eligibility is in order. **Note:** We are interested in helping the working poor, pensioners, and the destitute. Federal, State, and County programs do not always cover serious eye problems. But, sometimes a doctor may declare an emergency, thus enabling a patient to qualify.

**VISION IS POSSIBLE QUESTIONNAIRE
NORTHERN CALIFORNIA LIONS SIGHT ASSOCIATION**



URGENCY: _____

Source of referral: _____

Sponsoring Club: (Mandatory) _____

Name: _____

Address: _____

Phone: _____

Age: _____ **Birth Date:** _____

Gender: _____

Medical Insurance: 1st _____ 2nd _____

Primary Physician: _____ **Phone:** _____

Optometrist: _____ **Phone:** _____

Ophthalmologist: _____ **Phone:** _____

Date of last eye exam: _____

Diagnosis: _____

Other conditions: _____

Immediate and special needs: _____

List of medications: _____

Availability for appointment (days and times): _____

Medical release authorization: _____

Transportation: _____

Other information that will explain this patients circumstances and expedite action: _____
