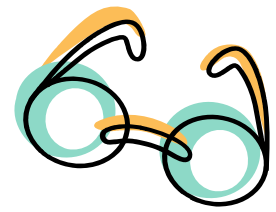


## EYE CARE/VISION ASSISTANCE



*Please call first to make an appointment and verify services.*

### **America's Best Contacts and Glasses**

1-800-TWO-PAIR call for the location nearest you

[www.twopair.com](http://www.twopair.com)

Exams - \$45

Exam & 2 pairs of glasses \$70

Gravois Plaza  
3573 Bamberger Ave.  
St. Louis, MO 63116  
314-678-5420

Crossings at Halls Ferry  
10950 New Halls Ferry Rd.  
St. Louis, MO 63136  
314-388-9999

### **BJC Vision Center**

1 Barnes-Jewish Hospital Plaza  
St. Louis, MO 63110

314-362-6123

Exams only, low income bring last year's 1040 form

### **The Brady Clinic**

1755 S. Grand Blvd  
St. Louis, MO 63104  
314-256-3200

Must be referred by a caseworker  
Clinic charges \$135; unemployed and uninsured no charge

### **Center for Eye Care (UMSL)**

Need referral from case worker, school district, or Lions Club

Optometric Center  
3940 Lindell  
St. Louis, MO 63108  
314-535-5016

University Eye Center  
7800 Natural Bridge  
St. Louis, MO 63121  
314-516-5131

### **Clarkson Eyecare**

1-888-EYE-CARE call for the location nearest you

[www.clarksoneyecare.com](http://www.clarksoneyecare.com)

Exam and glasses for adults and children no charge - based on income, must apply FOUNDATION ASSISTANCE

7342 Manchester Rd  
St. Louis, MO 63143  
314-645-1575

### **Crown Vision Center**

1-800-393-2273 call for the location nearest you

[www.crownvisioncenter.com](http://www.crownvisioncenter.com)

Exams and glasses for adults starting at \$70

Crown Cares for Kids – Through school nurse and participating schools; children under 14 yrs without insurance or other benefits can get exams and glasses free of charge.

3718 S. Kingshighway  
St. Louis, MO 63116  
314-446-1134

4145 Lindell Blvd.  
St. Louis, MO 63108  
314-533-1898

10465 St. Charles Rock Rd  
St. Ann, MO 63074  
314-423-2010

### **Care Optical**

1015 N. Grand Ave.  
St. Louis, MO 63106  
314-535-2273

Under 45 yrs. – Exam & glasses starting at \$89

Over 45 yrs. – Exam & glasses starting at \$119

### **Eye Associates**

5535 Delmar Blvd., Suite 509  
St. Louis, MO 63112  
314-367-7077

Must be referred by a clinic for free services

### **Family Care Health Center**

401 Holly Hills Avenue  
St. Louis, MO 63111  
314-353-5190

Sliding scale fee on income - exam and glasses starting at \$20

### **Grace Hill Murphy – O'Fallon Health Center**

1717 Biddle St.  
St. Louis, MO 63106  
314-814-8700

Sliding scale fee on income  
Exams and glasses

### **Myrtle Hillard Davis**

#### **Comprehensive Health Center**

5471 Dr. MLK Dr  
St. Louis, MO 63112  
314-367-5820

Sliding scale fee on income - \$15 up front  
Exams only

### **People's Health Center**

5701 Delmar Blvd.  
St. Louis, MO 63112  
314-367-7848

Must be a patient - \$50  
Only open on Friday

### **South St. Louis Optical**

6200 Chippewa  
St. Louis, MO 63109  
314-352-6100

Glasses only – adults and children starting at \$99

**St. John's Mercy Eye Care**  
6650 Chippewa  
St. Louis, MO 63109  
314-752-2679  
Exams – adults and children starting  
at \$85  
Specials and sales including ½ off  
frames

**Walmart Vision Center**  
[www.walmart.com](http://www.walmart.com)  
Exam – Price differs by doctor  
Under 18 – lenses starting at \$29  
and frames starting at \$9  
Over 18 – lenses starting at \$118  
and frames between \$9-\$188

3270 Telegraph Rd.  
St. Louis, MO 63125  
314-845-3164

1900 Maplewood Commons Dr.  
On S. Hanley  
Maplewood, MO 63143  
314-781-1734

**IF YOU NEED ASSISTANCE PAYING FOR YOUR EXAM OR GLASSES**, contact the following programs:

**HEALTHY VISION NETWORK** – 1-800-EYE-CARE (1-800-393-2273) – for uninsured/underinsured adults ages 20-64 in St. Louis City & County. Call first to see if you qualify for their program.

**VISION USA** – 1-800-766-4466 – for adults & children, one person in the household must be working at least part time; application available at the American Optometric Association's website:  
<http://www.aoa.org/documents/Patient-Application-Form.pdf>

**LION'S CLUB** – 314-645-3500 if you live South of Hwy 64/40; 314-205-1980 if you live North of Hwy 64/40

### **ONE SIGHT PROGRAM**

Used by **Lenscrafters, Pearle Vision, Sears Optical, Target Optical**

For those without insurance, agencies (i.e. United Way, tax deferred agencies, and case workers) can write a letter saying client is in need of eye care. Stores that participate will provide free lenses and frames. Often the doctor will reduce the exam price or not charge at all.

Lion's Club can also determine eligibility and distribute vouchers for lenses and frames. Call the National Lion's Club at 630-571-5466 ext 372. They will explain the voucher program.

Lions Club of St. Louis – 314-645-3500 if you live South of Hwy 64/40; 314-205-1980 if you live North of Hwy 64/40

#### **Lenscrafters**

[www.lenscrafters.com](http://www.lenscrafters.com)  
2493 Saint Louis Galleria  
St. Louis, MO 63117  
314-727-4361  
Exams - \$62  
Specials and sales including  
50% off complete eyeglass  
purchase and kids glasses

#### **Pearle Vision**

[www.pearlevision.com](http://www.pearlevision.com)  
1 Brentwood Promenade Ct.  
Brentwood, MO 63144  
314-961-7552  
  
South County Center #73  
St. Louis 63129  
314-845-2300

#### **Sears Optical**

[www.searsoptical.com](http://www.searsoptical.com)  
250 Centerway Dr.  
St. Louis, MO 63129  
314-487-3345  
  
15 Crestwood Plaza  
St. Louis, MO 63126  
314-968-7654

#### **Target Optical**

[www.target.com](http://www.target.com)  
1042 Kirkwood Rd.  
St. Louis, MO 63122  
314-822-4952

## VISION USA PATIENT APPLICATION FORM

**May be used for all family members. You may make copies if you need more forms.  
Applications are accepted year round.**

VISION USA provides free eye exams to eligible, low-income working families. Services are donated by volunteer optometrists who are members of the American Optometric Association and may be limited in some areas.

**COMPLETE THIS APPLICATION FORM ONLY IF:**

1. **Someone in the household is working at least part time;**
2. **The person seeking care has no public or private insurance that covers eye exams;**
3. **The person has not had an eye exam in the last 2 years;**
4. **The household is low-income and unable to pay for eye exams.**

**NO EXCEPTIONS WILL BE MADE**

You may also apply by telephone toll-free at **(800) 766-4466**.

**You must answer all information and questions. Verification may be requested. Please print legibly.**

1. Is at least one person in your household currently working? (Either full-time, part-time, or both)  Yes  No
2. What is the total number of people in your household living with you including yourself? \_\_\_\_\_
3. What was your household's approximate gross income (before taxes and deductions) including income from other sources such as alimony and child support? \_\_\_\_\_

Last Year \$ \_\_\_\_\_  
OR **(not both)**  
Last Month \$ \_\_\_\_\_

(write in dollars only)

Please **PRINT** the names of the members of your household you want to apply for a free eye exam.

First Name	Last Name	Has this person had an eye exam in the last two years? (School screenings are NOT considered an exam.)	Does this person have any private or government insurance, Medicaid or Medicare, that covers eye exams?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone Number ( ) \_\_\_\_\_

Please allow 4 to 8 weeks. If you are qualified and a volunteer doctor is available in your area, a letter will be mailed to you with the doctor's name and further instructions.

**Return to: VISION USA, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881 or FAX: (314) 991-4101.**