



Eye Doctors Of Madison

— AN OPTOMETRIC FAMILY PRACTICE —

103 North Lake Street • Madison, Ohio 44057
(440) 428-2526

Vision Outreach for Students - VOS

Dr. Michael A. Baker, O.D., a Madison High School graduate, strongly believes that no child should go without proper eye care, regardless of socioeconomic or insurance status.

Dr. Baker will provide no cost eye care and prescription eyeglasses to any Madison student or child when needed. Application is a simple two step process: provide documentation of Madison residency or Madison Local Schools enrollment for your child, as well as answer the questions below.

Exclusions and limitations apply:

- Program is limited to applicable Madison children and students at this time.
- Services are limited to one exam and eyeglasses per student, per year.
- Service dates and times are limited to office availability.
 - Our office staff will notify you of available appointment dates and times.
- If tertiary care or a referral is needed to another provider, it is the responsibility of the parent/guardian to review insurance coverage and payment options with that office.
- Prescription materials are limited to a specific selection of frame and lens options.
 - Photochromic “Transitions” will be available to those who meet “medically necessary” criteria such as albinism or other genetic disorders.
- Replacements for lost or broken eyewear are not available at this time.
 - Standard warranties against defective frame breakage and lens damage remain.

Our goal is to serve and provide for each and every student in need, however, this ambitious goal may not be met based on time and resources. We will make every attempt to accommodate each request, but some applications may need to be rejected for various reasons.

VOS Application

Today's Date: _____

Student/Child Name: _____ Date of Birth: _____

Address: _____ *(please supply verification at appointment)*

Parent or Guardian to Contact: _____

Best Telephone Number to Reach for Scheduling: _____

Email (appointment scheduling, patient portal access): _____

The above listed student is a student enrolled in Madison Local Schools

The above listed student is a Madison resident but enrolled in online/virtual education programs or homeschooled.

Statement of Need: In the space below, please briefly describe why traditional methods of obtaining eye care (insurance or private-pay) and purchase of, or supply of insurance-covered, eyewear are not available in your household.

Our office staff will reach out to notify approved applicants of available appointment opportunities within one week of application receipt. Thank you for your patience and support!