

Mississippi Health Care Foundation Medical & Personal Needs Grant Application - Eyeglasses

This form is to be used when submitting a funding request for eyeglasses for an individual resident at a Mississippi-licensed skilled nursing care facility. **Please answer each question with as much detail as possible.** If additional space is needed, please use additional pages, noting to which question or section the extended answer belongs.

Resident Name: _____

Resident Age: _____ Resident Gender: _____

Admit Date to Facility: _____ Expected Date of Discharge: _____

Resident considered: Short-term stay _____ Long-term stay _____

Resident Primary Pay Source at Facility: _____

Facility Name: _____

Facility Mailing Address: _____

Facility City/State/Zip: _____

Facility Phone Number: _____ Facility Fax Number: _____

Contact Email Address: _____

This application must have the signature of the Facility Administrator and at least one other facility staff member (must be Social Work Director, Activity Director, or Director of Nursing or other appropriate staff).

Administrator's Signature: _____

Secondary Signature & Title: _____

Mail to:

**Mississippi Health Care Foundation
303 Brame Road
Ridgeland, MS 39157**

Or fax to: 601-898-8341

For Foundation Office Use Only

_____ Date Received	_____ Date Reviewed	A B C Circle Review Method
_____ Approved	_____ Not Approved	Approved \$ _____
_____ Notification Sent	_____ Check Sent	Check # _____

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Please be sure each question is addressed with as much detail as possible before submitting application.

Use additional pages if more space is needed and identify the question being addressed.

1. Has resident worn glasses before, and if so when was the last time he/she wore glasses?

2. If the resident has Medicaid, what was the date that Medicaid last paid for his/her glasses?

3. If the request is to replace eyeglasses, explain why the eyeglasses need to be replaced.

4. If the eyeglasses have been lost or broken, give a detailed description of how the eyeglasses were lost/broken and if lost, explain what has been done to try to find the eyeglasses. (Please review page 4 regarding Foundation policy for lost/broken items.)

5. If the request is to replace lost/broken eyeglasses, what action is being put in place to try to prevent loss/breakage of replaced glasses?

6. How will the resident benefit from having eyeglasses?

7. Describe the resident's current physical condition, health status, and mental status.

Physical condition: _____

Health status: _____

Mental status: _____

8. What resources does the resident have that may possibly be used to assist with the purchase of eyeglasses? (Attach copy of residents account to show account balance.)

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9. What resources does the family have to assist with the purchase of the eyeglasses?

10. What resources are available at your facility to help meet the residents need or how is your facility contributing to help meet the need of the resident?

11. Describe other resources, if any, that have been explored. If funding was sought from other resources, explain why such funding was not granted.

12. Why is this request being made to MHCF?

Attach any comments from nursing, therapy or others about why this request is being made for the resident and why they think it would be of benefit to the resident.

Attach written estimate of the cost of the eyeglasses from the potential vendor.

**Completed applications should be mailed to:
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Ridgeland, MS 39157**

Or fax to: 601-898-8341

Please be sure each question was answered with as much detail as possible. Incomplete applications will be returned to the facility. MCHF reserves the right to request additional documentation and/or information.

Applications received by the 10th of the month will be reviewed for notification to the facility by the 10th of the following month. Applications received after the 10th of the month will be held for the next review period. It is estimated that it will take 3-4 weeks for review and notification to the facility.

If you have questions or need additional information, please contact MHCF at 601-898-8320.

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**Mississippi Health Care Foundation
Policy re: Lost/Broken Items**

The Mississippi Health Care Foundation receives frequent requests to replace items that are lost or broken in the nursing home. It is the general policy of the Foundation that the replacement of items lost in the facility is the responsibility of the facility. The general policy for broken items is that this is also a facility responsibility unless justification can be provided that the item is broken due to age, normal usage by the resident, etc.

If the item was purchased by the Foundation and lost or broken within 12 months of the date of purchase, the Foundation will not consider replacing the item. If it has been more than 12 months, the policy in the above paragraph will be applied.