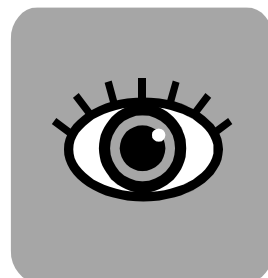


FREE Eye Glasses & Exams for St. Louis Area Children

ARCHS' Healthy Vision Network (HVN) is proud to announce **HVN 4 KIDS** - providing free comprehensive eye exams and eyeglasses for **uninsured and underinsured children, ages 3-14 years old, living in St. Louis City, St. Louis County and St. Charles County.** HVN 4 Kids wants to ensure that area children receive regular and routine vision examinations as early as possible in their physical development.



The earlier these vision exams take place the better! According to the Centers for Disease Control (CDC), two out of three children do not receive preventive vision care before starting elementary school, putting their physical and emotional development at risk. Identifying and correcting vision **early** can have a significantly positive impact on how and how much a child learns.

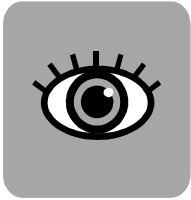
To refer a child to the HVN 4 Kids program, complete the following steps:

- Complete the HVN 4 Kids referral form, on the other side, and bring with the child on the appointment date. Completed forms are required for the appointment.
- Call **1-800-EYE-CARE** to arrange an appointment. Ask for **HVN 4 Kids!** Select which exam location the child will be attending. (Sites are available in North and South St. Louis City, St. Louis County (Lemay and St. Ann) and St. Charles County)
- **NOTE: A responsible adult must accompany the child on the appointment date, preferably a parent or guardian.**
- The following information for the child must be provided on the appointment date: Birth Date, Social Security Number, Medical History Information, Insurance or Medicaid card.

HVN 4 Kids is a community partnership sponsored by Area Resources for Community and Human Services (ARCHS), Crown Vision Center and other community organizations.

CALL 1-800-EYE-CARE.





HVN 4 Kids Referral Form **Identify Vision Problems Early!**

ARCHS' Healthy Vision Network (HVN) 4 Kids provides eligible children 3 to 14 years of age with an eye exam, frames and lenses free of charge, who live in St. Louis City, St. Louis County and St. Charles County. For more information refer to www.stlarchs.org/hvn.htm

Please complete the following information:

Child's Name _____

Address _____

Date of Birth _____ Social Security # _____

Medicaid # _____

Results of any previous eye screenings or examinations _____

Referral Location _____

(School, Social Service Agency, Health Provider, etc.)

Contact Name _____

Contact Phone Number _____

**Call 1-800-EYE-CARE
(Ask for HVN 4 Kids)**

Appointment Date/Time _____

Appointment Location _____

NOTE: A RESPONSIBLE ADULT MUST ACCOMPANY THE CHILD ON THE APPOINTMENT DATE. Bring this referral form and the following information: Child's Birth Date, Social Security Number, Medical History and Insurance or Medicaid Card.

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Call 1-800-EYE-CARE.

www.stlarchs.org

