



Bright Eyes Program

Policy and Procedures

PURPOSE: The purpose of the Bright Eyes Program is to assist families of qualifying children (infant through grade twelve) in the Vicenza Military Community with their eyeglass purchase. After purchasing their eyeglasses, qualified families may be reimbursed up to \$150.00 towards the cost of their glasses. Applicants are eligible for assistance towards one pair of eyeglasses **per year, per child**.

FINANCIAL SUPPORT: The Bright Eyes Program is supported with contributions from the VCC Thrift Store and other fundraising opportunities from the Vicenza Community Club.

QUALIFICATIONS:

- Applicants must be active-duty military to include active guard and reserve or DOD civilian employees with dependent children between the ages of infant and eighteen (18) years.
- Applicants must have SOFA status and be assigned to Caserma Ederle, Del Din, or Camp Darby.
- Applications are accepted from families of all ranks.
- In the case of a dual military family, an application should be submitted by one (1) service member only.
- Applicants will be screened to show financial eligibility; in addition, applications for financial hardship will be accepted and checked for eligibility.
- VCC membership is not required.

PROCEDURES:

1. Download a Bright Eyes Program Application from the VCC website.
2. Have the application form signed by your Unit Representative (Commander or 1SG), School Meal Program Coordinator, or AAFES customer service for qualification verification. The School Meal Program Coordinators are located in the cafeteria on Villagio at the Elementary/Middle School or Caserma Ederle at the Vicenza High School. They are available from 800-1000 and 1300-1500.

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3. Receive a prescription for eyeglasses from the Optometry Clinic or any Optometrist. Applicants have six (6) months from the date of the prescription to apply.
4. Purchase glasses of your choice from a vendor of your choice.
5. Send completed application** to the proper Google Dropbox OR:
Vicenza Community Club ATTN: Bright Eyes Committee CMR 427 Box 120
APO AE 09630-0002

The VCC Bright Eyes committee will review every application and notify the requester of the status of the application.

**** What do I submit?-**

1. Bright Eyes Applicant Information Form with three (3) signatures.
 - a. Service member, DOD Civilian or Dependent if a service member is deployed.
 - b. Unit Representative, School Meal Program Coordinator, or AAFES customer service.
 - c. Optometrist/Ophthalmologist
2. Copy of eyeglass prescription from Optometrist/Ophthalmologist
3. Copy of paid glasses receipt

ADDITIONAL NOTES:

- Qualifying families will be reimbursed for one (1) pair of glasses per year.
- Qualifying families may apply for reimbursement for multiple children. After awarding one reimbursement for the family, additional applications for other children in the family will be considered.
- Qualified applicants may be reimbursed up to \$150.00 towards the cost of eyeglasses. If the eyeglasses cost less than \$150.00, the applicants will only be reimbursed for the actual cost of the glasses.
- Applicants have 6 (six) months from the prescription date to submit applications.
- All reimbursement checks will be issued in US dollars, regardless of the currency used to purchase the glasses. However, for receipts issued in Euro, the currency conversion rate used will be in effect on the day the VCC writes the reimbursement check.
- Funding for this program is budgeted at the beginning of the fiscal year. Applications may be denied, even if the applicant qualifies if funding for the year has been depleted.

Please contact grants@vccitaly.org with any questions.



BRIGHT EYES APPLICANT INFORMATION

Date: _____

Full name of child: _____

Name of Sponsor: _____

Phone number where sponsor may be contacted if additional information or clarification is needed:

Mailing address where reimbursement check may be sent:

Name of Vendor where glasses were purchased:

Total Cost of Glasses:

***Please include a copy of your receipt from your eyeglass purchase. ***

Income Verification

This verification form needs to be signed by the Unit Representative (Commander or 1SG), School Lunch Coordinator, or AAFES Customer Service, verifying that the applicant qualifies for the Bright Eyes Program.

_____ (name of child) qualifying for the
Bright Eyes Program.

Signature of Verifier

Date

Printed Name of Verifier

Verifier title/position