NO COST Eye Exam and Glasses for Children
www.floridaheiken.org

Accessible on any internet enabled smart phone/tablet/computer
English / Español / Kreyòl / Português

PARENTS APPLY NOW!

• Florida Students
• Pre-K through 12th Grade
• Reapply Every School Year

EASY AS 1...2...3
VISIT
floridaheiken.org
CLICK HERE
For Heiken Portal
APPLY
in 2 minutes

WHY USE
THE HEIKEN PORTAL?
• Faster Processing
• Confidential and Secure

601 SW 8th Avenue • Miami, Florida 33130
(305) 856-9830 or 1 (888) 996-9847
www.floridaheiken.org

Heiken does NOT share student's personal information with any other agencies.
### HEIKEN PORTAL INFO (For School/Screening Personnel Use Only):

<table>
<thead>
<tr>
<th>County:</th>
<th>School Code:</th>
<th>Vision Screening:</th>
<th>Referring school or agency:</th>
<th>Referral Agency Code (if referral is not from school):</th>
</tr>
</thead>
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### For Heiken Use Only:

<table>
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<tr>
<th>Scanned</th>
<th>Date Entered:</th>
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<tr>
<th>Account #:</th>
<th>Eligibility Status:</th>
<th>Date Eligibility Verified:</th>
<th>Insurance:</th>
<th>Subscriber ID:</th>
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### Notice of privacy practices

- Consent for eye examinations - By signing below, I authorize the FHCVP to provide my eligible child with a comprehensive dilated eye examination, either at school site by a mobile Optometrist or the office of an assigned participating provider.

- Notice of privacy practices – By signing below, I understand that the Notice of Privacy Practices for the FHCVP is available for review if I should request a copy via phone at (305)856-9830 / 1(888)996-9847, and that security cameras are in use and recording on all mobile units at all times.

- Mutual exchange of information – By signing below, I authorize the mutual release of information among the FHCVP, its funders, my County Public Schools (CPS), and participating providers of any and all optometry medical reports on my child, to determine appropriate care. I also authorize my CPS to release any required information that may be missing or unclear to process this application. I understand that I may be contacted by FHCVP or its funders to provide an anonymous opinion about the services received, but have the right to refuse to participate if contacted.

- If “YES”, please explain:

- Has your child had any of the following: [ ] YES [ ] NO
  - [ ] Eye Surgery / Injury or Condition
  - [ ] Vision Therapy
  - [ ] Headaches
  - [ ] Glaucoma
  - [ ] Diabetes
  - [ ] Sickle Cell
  - [ ] Asthma

- Has your child’s family had any of the following: [ ] YES [ ] NO
  - [ ] Eye Turn / Lazy Eye
  - [ ] Blindness
  - [ ] Macular Degeneration
  - [ ] Glaucoma
  - [ ] High Blood Pressure
  - [ ] Sickle Cell
  - [ ] Other

- Please explain any “YES” answers from above:

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### Consent for eye examinations

**For faster, secure processing, apply on your phone at: [WWW.FLORIDAHEIKEN.ORG](http://WWW.FLORIDAHEIKEN.ORG)**

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### Florida Heiken

- Children’s Vision Program, LLC
- A Division of Miami Lighthouse

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**For any questions, please call 1-888-996-9847.**

**School/Agency: Please fax completed form with Heiken Fax Cover Sheet to (305)856-9840 / 1(888)980-8474**

The Florida Heiken Children’s Vision Program is an equal opportunity organization and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, ancestry, age, sex, marital status, national origin, disability or veteran status. **Revised 2.25.2019**