

Students on Medicaid

We Need Your Medicaid Number

Bond County Community Unit School District No. 2 has been given permission to receive funds from the Illinois Department of Public Aid for vision (see note below) and hearing screenings completed by our school nurse. Before we can complete the billing procedure, we need the information completed at the bottom of this form. Please complete the information **exactly** as it appears on your card. Return the form on the next school day.

Student's Name: _____

Birthdate: _____ Gender (F/M): _____

Medicaid Number (9 digits) _ _ _ _ _ _ _ _ _

Expiration Date: _____

Note: District personnel will be periodically conducting vision-screening tests during this school year that may include your child. Vision screening is not a substitute for a complete eye and vision evaluation by an eye doctor. Your child is not required to undergo this vision screening if an optometrist or ophthalmologist has completed and signed a report form indicating that an examination has been administered within the previous 12 months.