

# CSHCN Services Program Vision Care Eyeglass Client Certification Form

This form must be kept in the client's file for all eyewear. *Do not submit this form with your claim.*

For help completing this form, call the TMHP-CSHCN Services Program Contact Center at 1-512-514-3000, option 2, or 1-800-568-2413.

*Please print or type requested information below.*

Client Information		
First name:	Last name:	
CSHCN Services Program number: 9-	-00	Date of birth:
Address/City/State/ZIP:		
Diagnosis:		
Certification		
<p>I, _____, certify that: (Printed name of CSHCN Services Program client)</p> <p><i>Check all that apply:</i></p> <p>I was offered a selection of serviceable glasses at no cost to me, but I desired a type or style of eyewear costing more than the CSHCN Services Program benefit allows. <i>I will be responsible for any balance.</i></p> <p>My selections of serviceable glasses that cost more than the CSHCN Services Program benefits were:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>The glasses that are being replaced were unintentionally lost or destroyed.</p> <p>I picked up or received the eyewear.</p>		
Client, parent, or client representative signature:	Date:	
Witness signature:	Date:	
Provider signature:	Date:	
NPI:		