



4141 28th Ave S., Fargo, ND 58104



visionstart.org

Dear Eye Clinic Professional,

Imagine a child eagerly attending the first day of kindergarten, but they're unable to follow along due to an undiagnosed vision condition. This not only makes it difficult to learn but hinders a child's fullest potential to succeed.

60% of problem learners have undetected vision problems; 1 in 4 kids entering kindergarten have vision problems; & 80% of everything a child learns relies on vision. Undiagnosed vision problems can delay child development, academic growth, and lead to permanent vision loss. Early detection from an eye doctor is critical to treat lazy eye, astigmatism, and cancer.

Before age 6, it is recommended that children have 3 eye exams, yet 50% of these children have never received an eye exam, and 24% of parents wait for their child to have symptoms. For many North Dakota families-in-need, a significant barrier to receiving vision care is cost.

Vision Start is a new North Dakota program supported by the Optometric Foundation of North Dakota and generous donors to provide comprehensive eye exams to children in need ages 4-7 years at no cost to their family.

Together through the Vision Start program, we will eliminate lazy eye in North Dakota and *help kids see a brighter future.*

Will you join us? If you're interested, please review the attached Agreement, sign, and return by mail: 4141 28th Ave., S., Fargo, ND 58104 or email: kelsey@ofnd.org.

With gratitude,

A handwritten signature in blue ink, appearing to read 'Jason Schaff'.

Jason Schaff, OD
Chairman of the Board
Optometric Foundation of North Dakota

A handwritten signature in blue ink, appearing to read 'Kelsey Beyer'.

Kelsey Beyer
Executive Administrator
Optometric Foundation of North Dakota
701-356-3143 | kelsey@ofnd.org

P.S. Together we can help kids see a brighter future in North Dakota!

AGREEMENT
BETWEEN
OPTOMETRIC FOUNDATION OF NORTH DAKOTA, INC. (FOUNDATION)
AND

_____ (EYE CLINIC)

A. PURPOSE

This Agreement has been made and entered into between the Optometric Foundation of North Dakota, Inc. (hereafter, "Foundation") and _____, (hereafter, "Eye Clinic") on _____ (Date) for Vision Start, a program designed to "*Help kids see a brighter future*" (hereafter, "Vision Start").

B. BACKGROUND

Imagine a child eagerly attending the first day of kindergarten, but they're unable to follow along due to an undiagnosed vision condition. This not only makes it difficult to learn but hinders a child's fullest potential to succeed.

60% of problem learners have undetected vision problems; 1 in 4 kids entering kindergarten have vision problems; & 80% of everything a child learns relies on vision. Undiagnosed vision problems can delay child development, academic growth, and lead to permanent vision loss. Early detection from an eye doctor is critical to treat lazy eye, astigmatism, and cancer.

Before age 6, it is recommended that children have 3 eye exams, yet 50% of these children have never received an eye exam, and 24% of parents wait for their child to have symptoms. For many North Dakota families-in-need, a significant barrier to receiving vision care is cost. Vision Start is a program supported by the Foundation and generous donors to provide comprehensive eye exams to North Dakota children-in-need ages 4-7 years at no cost to their family.

C. GOAL

Eliminate amblyopia (lazy eye) in North Dakota. Together through the Vision Start program, we can *help kids see a bright future*.

D. PROCESS

- a. A Parent/Guardian of a child age 4-7 first learns about Vision Start through pre-k programs, ND Head Start, Lions Club screening events, the participating clinic, Public Health, Country Social Services, social media advertisements online, and word-of-mouth. Messaging of promotional materials will direct parents to visionstart.org for more information and to determine eligibility.

- b. The Parent/Guardian will complete an online screening form at visionstart.org to determine eligibility by meeting the following criteria:
 - i. Child is age 4-7 years.
 - ii. Child's family income is at or below 300% of current federal poverty level as defined annually by the U.S. Dept. of Health and Human Services and may be found at: <https://aspe.hhs.gov/2020-poverty-guidelines> & on our online screening form.
- c. If eligible, the Parent/Guardian will select among participating Eye Clinics for contact information to schedule an appointment. The Parent/Guardian shall be responsible for contacting the Eye Clinic to schedule an appointment.
- d. The Foundation shall send an automatically generated referral email to the selected Eye Clinic, the Parent/Guardian, and the Foundation. This email shall include a patient's **unique referral number** generated randomly by the Vision Start intake form.
- e. When the Parent/Guardian shows up for their child's visit at the Eye Clinic, they will reference **Vision Start** and their **unique referral number**. If a patient does not have this or lost it, please contact the Foundation to verify eligibility. The Eye Clinic shall not collect any co-payment for this eye exam nor bill the patient for the remaining difference between the discounted eye exam rate reimbursed by the Foundation and the normal Eye Clinic charge for this eye exam.
- f. Once the exam is complete, the Eye Clinic shall bill the Foundation (no more frequently than monthly) by emailing an invoice to the Foundation (kelsey@ofnd.org) to include the patient's **unique referral number** and discounted rate due (\$75 or less). At no time shall the patient's protected health information (patient name, diagnosis, etc...) be included on a bill sent to the Foundation.
- g. The Foundation shall pay the Clinic within 120 days of receiving the invoice.

E. VISION START CONTACT INFORMATION

Foundation

Organization: Optometric Foundation of North Dakota, Inc.
 Primary Contact: Kelsey Beyer, Executive Administrator
 Street: 4141 28th Ave S
 City, State, Zip: Fargo, ND 58104
 Phone: 701-271-0263
 Email: kelsey@ofnd.org
 Tax ID / EIN: 77-0599827

Eye Clinic

Organization: _____
 Website: _____
 Street: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____
 Tax ID / EIN: _____

F. ROLES AND RESPONSIBILITIES

The Eye Clinic shall:

- a. Provide the Foundation with an email to send referrals and keep the Foundation updated with any changes to this address:
 - i. Primary Contact's Name: _____
 - ii. Primary Contact's Email: _____
- b. Keep track of Foundation referral emails to correctly verify eligible patients by the unique patient referral number to be used in billing.
- c. Perform a comprehensive eye exam for any patient ages 4-7 years who has been referred by the Foundation and provided with a referral number.
- d. Send the Foundation a bill to receive reimbursement for Vision Start patients.

The Foundation shall:

- a. Create and distribute Vision Start promotional materials.
- b. Maintain an online screening form to determine eligibility on visionstart.org
- c. Reimburse Eye Clinic for each comprehensive eye exam for eligible children in need ages 4-7 years at a rate of \$75.00 / exam or a lesser amount of \$_____ / exam. Limit one exam per individual. Reimbursement shall be processed within 120 days of receiving an invoice.
- d. The Foundation's intent is to provide funding for all children in need of comprehensive eye exams. However, the Foundation's funds may be limited, especially in the first years of the program. The Foundation will notify Eye Clinic if all funds are exhausted for a particular year and when the program when recommence.

G. TERMS AND CONDITIONS

This Agreement shall be effective from the date of the final signature and shall remain in effect until terminated by either party with 30 days' written notice to the other party. Representatives from each party will review the terms of this Agreement at least annually from the date of the final signature. Any additions or modifications to the terms of this Agreement or the roles and responsibilities of either party must be agreed to by both parties. Such changes shall be incorporated in written amendments to this Agreement.

H. TERMINATION

Either party may terminate this Agreement upon a 30 days written notice to each other.

I. SIGNATURES

The undersigned have read this Agreement and will abide as outlined within:

Foundation

Signature

Written Name

Title

Date

Eye Clinic

Signature

Written Name

Title

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
OR									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Note for Eye Clinic: Vision Start does not require the collection of patient media (photos, videos, or quotes); however is very helpful when communicating the need for Vision Start with donors and future program beneficiaries. If you do choose to collect patient media, please use this form and send to us along with the media to: kelsey@ofnd.org. Thank you.



Media Release Form



I, (Full Name): _____, grant permission to the Optometric Foundation of North Dakota, Inc. to use my (or if applicable, my child's) photo, video, or likeness for the purpose of promotion for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please initial the paragraph below which is applicable to your present situation:

_____ **For Self:** I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable of the terms of this release.

_____ **For Child:** I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Child's Name (if applicable & under 18 years): _____

Address: _____

Phone: _____

Email: _____