



Please print legibly, in ink

August 2021

Please submit the following **REQUIRED** documents along with this completed application. Do not send originals. The GFSR office will not photocopy and return any documents.

For applicant applying for the surgical program:

- SUGGESTED** - Denial letter from residing county indigent health program, BEST (Blindness Education, Screening, and Treatment). To contact a BEST Program Specialist email [BESTprogram@hsc.state.tx.us](mailto:BESTprogram@hsc.state.tx.us). For a list of Texas Health and Human Services County Indigent Health Program phone numbers and email addresses, see the following link: <https://www.hhs.texas.gov/sites/default/files/documents/services/health/cihcp-directory.pdf>
- REQUIRED** - Copy of most recent household tax return.
- REQUIRED** - Copy of the last two paystubs that includes year to date figures for all working individuals in the household, or a handwritten letter from employer. If self-employed, please provide a self-employment letter confirming occupation type and monthly gross income. If unemployed, a copy of any financial award letters from disability, social security, or unemployment offices. If unemployed and living with family members, send proof of household income for the family and letter from family confirming they are financially supporting the applicant.
- REQUIRED** - If applicant has private, medical insurance, a copy of the insurance card, and insurance plan that states the deductible amount.

For questions regarding the George Foundation for Sight Restoration Surgery Program, contact

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