

Dear HA Manager

We want to introduce you to the new Administrative Program Needs Form (APNF) for the SOLCIOE Vision Program. The purpose of this form is to get the needed logistical and administrative information necessary for ordering and sending supplies to the SOLCIOE events in your area. Our local SOLCIOE Clinical Director for your country will also be filling out a Clinical Program Needs Form (CPNF) to specify which clinical supplies are needed for your event(s).

It is most important that the above information be filled out completely and submitted no later than 60 days before your event. Incomplete information can delay or prevent supplies from reaching you in time. If you are planning on more than one event in a calendar year, please fill additional APNF's and submit them at all at one time, so that we can send your total supplies in one shipment. It is most important that you include instructions for any special customs letters or documentation for shipments coming into your country. Lack of proper customs procedures is the number one reason why supplies and equipment to do reach events.

Dr. Susan Danberg will be coordinating your supplies and can help answer your questions regarding supplies and layout of the screening site. Please return your APNF to both of us. I will be reviewing your grant application and can answer your questions regarding funding and Lions Clubs relations.

We will be setting up a conference call with you to discuss this form and other issues regarding organizing SOLCIOE events. If you have an event coming up in the months of January and /or February of 2005 please begin filling out the APNF for those events. Thank you for your dedication and hard work.

Sincerely,

David Evangelista
SOLCIOE Program Manager.
DEvangelista@specialolympics.org

Susan C. Danberg O.D., F.C.O.V.D
Global Clinical Advisor SOLCIOE Operations & Logistics
sudanod@aol.com

State/Country:	Event Dates
Screening Schedule:	Location of Screening
How Many Days	Address of Screening Site
How Many Hours per day	
What is your country's electricity requirement? 110V or 220V	
SO Healthy Athlete Director:	Address
Phone /cell phone	
Fax	
Cell phone	
E-mail	
SO Program Director:	ADDRESS
Phone /cell phone	
Fax	
Cell phone	
E-mail	
Total No. of Athletes Competing	Will athletes be scheduled for the screening? Yes/No
What Sports are at your event	If Yes: Estimated # of athletes scheduled?
List All Customs and Shipping Instructions- INCLUDE a name, & telephone on the shipping address	****Please include your SO Program's tax ID numbers

Dear SOLCIOE Clinical Director

Enclosed please find the Clinical Program Needs Form (CPNF) for the SOLCIOE Vision Program. It is most important that the above information be filled out completely and submitted no later than 60 days before your event. Incomplete information can delay or prevent supplies from reaching you in time. If you are planning on more than one event in a calendar year, please fill additional CPNF's and submit them at all at one time, so that we can send your total supplies in one shipment. Your local SO Program Director or Healthy Athlete Manager will also be filling out an Administrative Program Needs Form (APNF) for other information regarding shipping and customs.

If you have surplus supplies from previous events- please indicate whether of not you need additional supplies and how much. If you have no surplus or are unsure how to estimate what you need Dr. Danberg will calculate that for you based on the number of athletes at your games and the number of days you will be screening

Dr. Susan Danberg will be coordinating your supplies and can help answer your questions regarding supplies and layout of the screening site. Please return your CPNF to her. David Evangelista will be reviewing your grant application and can answer your questions regarding funding and Lions Clubs relations. If you have any questions please feel free to contact us. Thank you for all of your hard work and dedication.

Sincerely,

Susan C. Danberg O.D., F.C.O.V.D.
Global Clinical Advisor SOLCIOE
sudanod@aol.com

David Evangelista
SOLCIOE Program Manager
DEvangelista@specialolympics.org

State/Country:	Event Dates
Screening Schedule:	Location of Screening
Dates	Time
SOLCIOE Clinical Director	Address
Phone day:	
Phone eve	
Fax	
Cell phone	
E-mail	
	Address
Lions Contact:	
Phone/cell phone	
Cell phone	
Fax	
E-mail	
Will you be edging lenses on-site? YES NO	ESSILOR LAB (FROM YOUR LAST EVENT)
# Volunteer Eye Care Practitioners	CONTACT PERSON
#Volunteer Lions	EMAIL
#Other Volunteers (technicians, opticians, etc)	TEL

BEFORE FILLING OUT THE NEXT SECTION- PLEASE CHECK YOUR SUPPLIES FROM PREVIOUS EVENTS-

FRAMES/SUNGLASSES/SPORT GOGGLES

YOU SHOULD BE ABLE TO CALCULATE HOW MANY YOU NOW NEED BASED ON THE NUMBER OF FRAMES/SUNGLASSES/SPORT GOGGLES YOU CURRENTLY HAVE AND HOW MANY YOU USED IN YOUR LAST EVENT

BANNERS

ALL PROGRAMS SHOULD HAVE (1) SOLCIOE BANNER AND (1) ESSILOR/SAFILO BANNER

TESTS

ALL PROGRAMS ARE ALLOWED

6 DISTANCE LEA CHARTS

4 NEAR LEA CHARTS

2 COLOR VISION

2 STEREO

EQUIPMENT (AUTOREFRACTORS, SLIT LAMPS, TONOMETERS)

PLEASE MAKE ARRANGEMENTS TO BORROW OR RENT SCREENING EQUIPMENT LOCALLY

CUSTOMS

PLEASE GIVE THE LOCAL SPECIAL OLYMPICS OFFICE AS THE SHIPPING ADDRESS

REMEMBER TO INCLUDE A CONTACT PERSON, TELEPHONE AND EMAIL ADDRESS

HAVE YOUR SO DIRECTOR HELP YOU FIND OUT ABOUT CUSTOMS REQUIREMENTS IN YOUR COUNTRY AND SEND THOSE TO ME

****Please include any special labeling or shipping instructions for customs** **** (Clinical Director=CD, SO Program Director=PD, Other=O* Please indicate where each item is to be shipped**

SCREENING : Location: _____ Date(s) _____

	Do you need Yes/No	How many DO YOU WANT?
Autorefractor		
Slit Lamp		
Tonometer		
Frames/Adult male		
Frames/Adult female		
Frames Small/Child		
Sunglasses/Adult		
Sunglass/small		
Cases		
Plano Sport goggles		
Rx sport goggles		
Swim Sport Goggles		
Lenses/lab services- DO YOU HAVE AN ESSILOR CONTACT?		WE Will Assign an Essilor Lab To you if you do not have one
Screening Forms Athlete Summary sheets Essilor Replacement forms Event Data Sheets		download them from www.specialolympics.org , go to initiatives, Healthy Athletes, Special Olympics Opening Eyes, Are you a trained Clinical Director who needs forms...
Color Vision*		
Stereo*		
Distance Lea*		
Near Lea*		
Pins		
Safilo Banner		

Program Banner		
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