

Manitoulin-Sudbury District Service Board POLICY & PROCEDURES MANUAL	
Section: H. Ontario Works	Effective Date: July 2009
Topic: 7A. Benefits/Mandatory Benefits	Replaces: November 2004
Subject: 7A.7. Vision Care for Dependent Children	
Policy No. H.7A.7.	Page 1 of 2

POLICY

Authority **OW Act: Sec. 8 and 74(4)**
 OW Directives: Dir. 7.2

Vision Care for Children

Dependent children and children in temporary care receive coverage for the purchase and repair of lenses and frames.

- Children can receive a new pair of frames and lenses every three years without restrictions unless there are excessive requests for replacements which may be subject to restrictions if there is frequent loss, damage or negligence.
- Children can receive new lenses for glasses any time there is a change in prescription. The new lenses should be placed in existing frames where possible.
- Ontario Works does not cover the cost of contact lenses unless the Director of Integrated Social Services is satisfied that they are medically necessary and appropriate documentation is provided.
- The Director of Integrated Social Services may approve the cost of repairs to frames or lenses when the cost of repairs will not exceed the cost of replacement and there is proof of the need for repair.

The Manitoulin-Sudbury DSB will pay the actual cost of lenses that are medically required and up to a maximum amount for frames.

If the cost of the frames exceeds the maximum, the recipient may pay the difference in costs directly to the supplier. Where special frames are needed for medical reasons, the Director of Integrated Social Services may approve this cost with appropriate documentation from the prescribing ophthalmologist, optometrist or general practitioner.

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Eye Examinations

The Ontario Health Insurance Plan (OHIP) covers the cost of eye exams for people under age 20 and people 65 years and over.

For each member of the benefit unit who is between the ages of 20 and 64 Ontario Works will cover the cost of routine eye examinations once in every 24-month period.

Adults between the ages of 20 and 64 who have medical conditions requiring regular eye examinations (i.e., treatments for infection, disease and injury) receive coverage for these eye examinations once in every 12-month period under OHIP.

PROCEDURE

1. Participant requests prior approval from the Case Manager.
2. Once approval granted, participant submits prescription for eye glasses.
3. The Case Manager will determine whether eye glasses will be issued as a Mandatory or Discretionary Benefit. Optical authorization form completed by Case Manager indication if lenses, frames or complete set of glasses is required. Maximum coverage for frames is \$75
4. Notation to be made in the Social Assistance Computer System notes.
5. Approval of Supervisor by exception only.
6. Attach invoice to Authorization Form. Case Manager issues cheque directly to the supplier/optician.

CROSS REFERENCE: SECTION 7B.5. - Vision Care for Adults