



**Genie in a Bottle, Inc.**  
**Raising money for cancer research and  
optical care  
for children in need.**  
**(In Memory of Genie C. Miller)**

Genie in a Bottle, Inc. is a non-profit organization that was formed in memory of Genie Miller who passed away from cancer in 2014. The mission of Genie in a Bottle, Inc. is to continue on in supporting causes that were close to Genie's heart.

She played an active role in helping with cancer research funding as she was co-captain of her Relay for Life Team at Brodell Medical, Inc. in Warren, Ohio. She was also a licensed optician who loved children and was concerned with optical care for children in need. We would like to continue on supporting these causes that were so near and dear to her.

All money raised by Genie in a Bottle, Inc. will be donated to Warren Relay for Life via Brodell Medical, Inc. as well as to provide complete eye exams and glasses for children that are in need. We want to help as many children as possible receive proper eye care in terms of complete eye exams and up to date, safe and comfortable glasses for approved applicants.

If you are interested in applying for any of the available services, please fill out the attached application and send it back to the address provided. All applications are subject to approval and you will be notified, via phone, regarding all decisions. Genie in a Bottle, Inc. is aiming to help those children who currently do not have vision and/or glasses coverage as part of an insurance plan.

Please visit our web site at [www.genieinabottleinc.org](http://www.genieinabottleinc.org) to get more information on Genie in a Bottle, Inc. or to contact us with any questions.



# Application for Eye Care

Genie in a Bottle, Inc.  
(In memory of Genie C. Miller)

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ School District: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Applicant's Date of Birth: \_\_\_\_\_

Eye Care needed (circle): Exam and/or Glasses

Date of last Eye Exam: \_\_\_\_\_ Doctor: \_\_\_\_\_

Does the applicant have the following Insurance coverage (circle)? Vision or Medical

If yes, who is the provider? \_\_\_\_\_

Parent(s)/Guardian Name(s): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Family Members in Household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Household Gross Yearly Income (circle):

0-14,999 15,000-29,999 30,000-49,999 50,000-64,999  
65,000-79,999 80,000-94,999 over 95,000

Monthly Expenses: Rent/Mortgage: \_\_\_\_\_ Utilities: \_\_\_\_\_

Car: \_\_\_\_\_ Medical: \_\_\_\_\_

Loans: \_\_\_\_\_ Additional: \_\_\_\_\_

The above information is correct to the extent of my knowledge. I authorize release of information about myself or my child to be used confidentially by Genie in a Bottle, Inc.

\_\_\_\_\_  
Signature

Permission is required by a parent or guardian to continue on with application process. A signature is required by a school principal or medical professional if indicated.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal or Medical Professional Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Parent/Guardian, please initial if you give us permission to take/use a picture of your child with their new glasses for promotional purposes.

Please send completed application to:

Genie in a Bottle, Inc.  
Attn: Recipient Committee  
401 Adelaide NE  
Warren, OH 44483