

DEPARTMENT OF CHILDREN AND FAMILY SERVICES


Distribution X and Z

POLICY GUIDE 2006.06

DOWNSTATE VISION CARE PROGRAM

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TO: DCFS and POS Child Welfare Staff
Rules and Procedures Bookholders

FROM: Erwin McEwen 

EFFECTIVE: Immediately

I. PURPOSE

Policy Guide 2006.06 describes the Downstate Vision Care Program that the Department has created to ensure that eyeglasses are available to children and youth who require prescription eyeglasses. The program does not supplant services offered through the Department of Healthcare and Family Services' (HFS) vision care program and may be used only when prescription eyeglasses cannot be obtained through HFS because there is not a HFS-enrolled vendor in the area where the child lives. Visual examinations will continue to be obtained through the Department of Healthcare and Family Services.

II. PRIMARY USERS

The primary users of the Policy Guide are DCFS and POS caseworkers and supervisors.

III. DEFINITIONS

Eyeglasses mean single vision polycarbonate spectacle lenses with frames.

Non-participating provider means a vision care provider who does not have an agreement with the Department regarding the provision of eyeglasses to children and youth for whom the Department is responsible. Caregivers must pay for eyeglasses purchased at a non-participating provider and submit required documentation to be reimbursed, up to a maximum of \$60.00.



Participating Provider means a vision care provider outside of Cook County who through a formal agreement with the Department will provide eyeglasses to children and youth for whom the Department is responsible and bills the Department, up to a maximum of \$60.00.

IV. BACKGROUND

When the federal Children and Family Services review was conducted in 2003, one of the findings indicated that there are an insufficient number of vision care resources to provide prescription eyeglasses for children and youth living outside of Cook County. In order to ensure that eyeglasses are readily available and accessible, the Department arranged for children and youth living outside of Cook County to obtain prescription eyeglasses from an increased number of vision care providers across the state. A list of providers participating in the Downstate Vision Care Program is attached.

V. ELIGIBILITY CRITERIA

All of the following eligibility criteria must be met for a child or youth to be eligible to obtain eyeglasses through the Downstate Vision Care Program:

1. The Department is responsible for the child or youth's placement and care;
2. The child or youth does not live in Cook County;
3. The Department has authorized the purchase of eyeglasses prior to purchase via the CFS 932-1 Purchase Authorization Form; and
4. There is not an HFS-enrolled vendor within 30 miles of the caregiver's residence who is available to fill eyeglass prescriptions.

VI. PROGRAM BENEFITS

When the request for eyeglasses is approved, the Department will pay up to a maximum cost of \$60.00 for the combined cost of frames and single vision polycarbonate spectacle lenses (hereafter referred to as eyeglasses). The **CFS 888-3, Case Action Form** must be submitted to request payment for any of the following:

- One pair of eyeglasses within a 12-month period (maximum cost of \$60.00).
- Second pair of eyeglasses within a 12-month period if the eyeglasses are lost or are broken (maximum cost of \$60.00). If a third pair of eyeglasses (frames or lenses) is needed within 12 months for any reason, an Exceptional Payment Request must be submitted.
- Second set of replacement lenses may be provided within 12 months if there is a change in the prescription (maximum cost of \$60.00).

- Repairs or replacements that are not covered by the vision care provider's repair policy, where it is evident that the repair of an existing frame is less costly than providing a new frame. It is DCFS' expectation that these repairs or replacements will be less than the maximum of \$60.00.

Authorization to purchase prescriptions requiring bifocal or trifocal lenses or non-standard frames must be approved through the submission and approval of an Exceptional Payment Request (EPR). For non-standard frames, a statement from the optical professional who performed the vision exam must accompany the EPR.

The Downstate Vision Care Program will **not** pay for:

- Prescription sunglasses, contact lenses of any kind, reading glasses or any other optical device;
- Optional lens enhancement charges;
- Frames being replaced due to child/youth's preference for a change in style, color, etc.;
- Second pair of eyeglasses within 12 months unless lost or broken; or
- Adjustments and cleanings as such services normally are provided free of charge by the vision care provider.

VII. AUTHORIZATION TO PURCHASE EYEGLASSES

To request authorization to purchase eyeglasses, the caseworker must submit a completed **CFS 888-3, Case Action Form** by faxing it to the Peoria Regional Business Office at (309) 693-4937 or by mailing the form and required documentation to:

Department of Children and Family Services
Business Office
5415 N. University St.
Peoria, IL 61614.

The **CFS 888-3** must be signed by both the caseworker and supervisor and accompanied by the following information:

- A copy of the child's eyeglass prescription from the optical professional who performed the child's vision examination. The prescription must include the name of the child for whom eyeglasses are being requested.
- The type of request i.e. initial pair of eyeglasses, replacement (glasses lost or broken), replacement lenses (change in prescription) or repairs.

- A written statement on the agency's letterhead signed by the caseworker certifying that:
 1. The Caseworker has told the caregiver that any costs exceeding the maximum of \$60.00 will be the caregiver's responsibility; and
 2. The eyeglasses cannot be obtained through HFS because a HFS-enrolled provider is not available in their area to fill eyeglass prescriptions. For this purpose, area is defined as anything within 30 miles of the caregiver's residence.
 3. If other than a participating vendor is to be used, the caseworker must include a statement certifying that s/he has told the caregiver that the caregiver will be reimbursed for an amount not to exceed \$60.
- Name and address of vision care provider to be used.

Upon approval of the request, the Peoria Business Office will issue the **CFS 932-1, Purchase Authorization Form – Eyeglass Program** to the worker and provide the worker with any additional information required by the vendor. When the **CFS 932-1, Purchase Authorization Form** is given to the caregiver, the caseworker is responsible for providing the caregiver with the following information:

- Information about the pricing, including the maximum of \$60.00;
- Instructions regarding completion and submission of any required forms or documents;
- That if the caregiver chooses to purchase eyeglasses above the \$60.00 or go to a non-participating vendor, it is the caregiver's responsibility to pay any sales taxes applied.

The caseworker may elect to give the **CFS 932-1, Purchase Authorization Form** to older youth living in transitional or independent settings who are able to obtain eyeglasses without assistance from the worker or a caregiver.

A new **CFS 932-1, Purchase Authorization Form** is required if the caregiver chooses to go to a vendor other than the one identified on the Purchase Authorization Form or if repairs or replacements are not free.

If the request is not approved, the Peoria Business Office will notify the caseworker. The caseworker is responsible for notifying the child's substitute caregiver.

VIII. VENDOR SELECTION AND BILLING

The caregiver may utilize any vision care provider he or she chooses. If a participating vendor is not used, the caregiver must pay for the eyeglasses out-of-pocket and then submit the **CFS 932-1 Purchase Authorization Form** with the receipt of purchase for a maximum reimbursement of \$60.00. If eyeglasses are purchased that cost more than the \$60.00 maximum, the caregiver is responsible for paying the difference.

Participating Vendors

If the caregiver is using a participating vendor, the caregiver is responsible for providing the vendor with the **CFS 932-1** signed by the caregiver, the child's eyeglass prescription and any additional documentation provided by the caseworker. The caregiver is also responsible for obtaining information about the vision care provider's about warranty and repair policies.

Participating vendors submit billings with required supporting documentation (either **HCFR-1500** or **CFS 932-1**) to the Department of Children and Family Services, Peoria Regional Business Office, 5415 N. University St., Peoria, IL 61614 for reimbursement.

Non-participating Vendors

If the caregiver is not using a participating vendor, the caregiver is responsible for providing the vendor identified on the **CFS 888-3** with the child's eyeglass prescription, obtaining information about its warranty and repair policy and paying for the eyeglasses. In order to be reimbursed up to \$60.00 for the eyeglasses, the caregiver must complete the **CFS 932-1** by:

1. Signing it in Box 8;
2. Inserting the cost of the eyeglasses in Box 15;
3. Completing Boxes 16 and 17 as appropriate based on the cost of the eyeglasses as follows:
 - If the eyeglasses cost less than or equal \$60.00 in total, Box #16 shall be left blank and the amount shall be inserted in Box 17.
 - If the eyeglasses cost more than \$60.00 in total, the amount over \$60.00 shall be inserted in Box 16 and the amount of \$60.00 shall be inserted in Box 17.
4. Submitting the **CFS 932-1** along with necessary receipts to:

Department of Children and Family Services
Peoria Regional Business Office
5415 N. University St.
Peoria, IL 61614.

IX. PROCESSING OF PAYMENTS

The business office at the Peoria Regional Office processes vouchers for the purchase of eyeglasses within 30 days of verifying that the purchase complies with all Department requirements. If a duplicate or unauthorized charge appears on a participating vendor's invoice, the business office will notify the vendor of the contested charge(s), subtract the contested charge(s) from the total and pay the undisputed balance. If the participating vendor finds that the Department has been billed in error, the charge will be removed from the vendor's account. If the disputed charges are found to be valid, payment will be made for such charges.

Payments to caregivers are processed in the same manner. Only services with the code of 1108 Eyeglasses are eligible for payment through this program.

X. QUESTIONS

Questions regarding submission of the **CFS 888-3, Case Action Form** and/or payment should be directed to the business office at the Peoria Regional Office at (309) 693-5400. Any other questions should be directed to the Division of Service Intervention's Office of Health Services at (217) 557-2689.

XI. ATTACHMENTS

Frequently Asked Questions
List of Participating Vendors

XII. FILING INSTRUCTIONS

File Policy Guide 2006.06 immediately following Procedures 359.90.

**Downstate Vision Care Program
FREQUENTLY ASKED QUESTIONS**

Are children eligible for the eyeglass program, regardless of living arrangement?

Children are eligible regardless of the type of living arrangement, as long as the Department is responsible for their placement and care, they live in Illinois outside of Cook County and require single-vision prescription eyeglasses. Children who were adopted with an adoption subsidy or are in subsidized guardianship are not included in this program.

Are youth in Independent Living Only (ILO) eligible for this program?

Yes. DCFS wards living outside of Cook County who are in College/University Scholarship (CUS), Group Home (GRH), Independent Living Only (ILO), Transitional Living Program (TLP) and Youth in College (YIC) living arrangements may obtain eyeglasses through this program. Youth living in independent or transitional settings have the same responsibilities as described for caregivers.

What is the distance that determines that ‘there is no DHFS-enrolled provider located in the area?’

Area is defined as anything within 30 miles of the caregiver’s residence.

How do I know who is a participating provider?

A list of the participating providers is attached to the procedures.

Are contact lenses or prescription sunglasses covered in this program?

No.

Are there any exceptions for children who have special needs? Does “special needs” include children with cerebral palsy, mental retardation, etc?

In terms of vision care, ‘special needs’ refers to special vision needs. Special vision needs which may be submitted to the Regional Business Office for consideration through the Exceptional Payment Request (EPR) process are:

- 1) Prescriptions requiring bifocal or trifocal lenses; and
- 2) Non-standard frames when determined necessary based on accompanying statement from the optical professional who performed the vision examination.

Children who have a disability such as cerebral palsy or mental retardation may obtain eyeglasses through the Downstate Vision Care Program provided that they meet the eligibility requirements.

Is there a specific form certifying that the caregiver has been informed that any amount over \$60.00 will be their responsibility?

No. The caseworker is required to submit a letter on the agency's letterhead, certifying that the caregiver has been informed of the \$60.00 maximum with the CFS 888-3, Case Action Form.

Is there a specific form certifying that an HFS-enrolled provider cannot be located in the caregiver's area?

No. The caseworker is required to submit a letter on the agency's letterhead, certifying that there is not an HFS-enrolled provider available within 30 miles of the caregiver's residence to fill eyeglass prescriptions with the CFS 888-3, Case Action Form.

If a CFS 932-1, Purchase Authorization Form has been issued but the child's caregiver changes prior to it being used, is a new request required?

Yes.

If a CFS -932-1, Purchase Authorization Form has been issued but the child's caseworker changes prior to it being used, is a new request required?

No.

If a CFS 932-1, Purchase Authorization Form has been issued for a participating vendor and the caregiver wants to go to a different participating vendor instead, is a new request required?

Yes.

If a CFS 932-1 purchase authorization has been issued for a participating vendor and the caregiver wants to go to a non-participating vendor instead, is a new request required?

Yes.

If a CFS 932-1 Purchase Authorization Form has been issued for non-participating vendor and the caregiver wants to go to a participating vendor instead, is a new request required?

Yes.

QUESTIONS

Any questions regarding submission of the request and/or payment, should be directed to the Peoria Business Unit at (309) 693-5400. Any questions regarding procedures should be directed to the Division of Service Intervention, Office of Health Services at (217) 557-2689.

Participating Vendors for DCFS Downstate Eyeglass Program

County	Vendor	Address	City	St	Zip	Phone Number
Adams	Wal-Mart	5211 BROADWAY ST	Quincy	IL	62301	(217) 223-9930
Bureau	Wal-Mart	2111 CLAUDE BAILEY PKWY	Princeton	IL	61356	(815) 875-4521
Champaign	Bard Optical	907 MARKETVIEW DR UNIT 7	Champaign	IL	61822	(217) 351-8822
Champaign	Sam's Club	915 WEST MARKETVIEW DRIVE	Champaign	IL	61822	(217) 355-2223
Champaign	Wal-Mart	2610 NO PROSPECT AVE	Champaign	IL	61821	(217) 352-0700
Champaign	Wal-Mart	505 SO. DUNLAP AVENUE	Savoy	IL	61874	(217) 355-5845
Champaign	Wal-Mart	100 SOUTH HIGH CROSS ROAD	Urbana	IL	61802	(217) 344-6148
Christian	Wal-Mart	1530 W. SPRINGFIELD RD	Taylorville	IL	62568	(217) 287-7219
Coles	Wal-Mart	2250 LINCOLN AVENUE	Charleston	IL	61920	(217) 345-1222
Coles	Wal-Mart	101 DETTRO DRIVE	Mattoon	IL	61938	(217) 234-2266
DeKalb	Wal-Mart	2300 SYCAMORE ROAD	De Kalb	IL	60115	(815) 758-6225
Dupage	Sam's Club	808 S STATE ROUTE 59	Naperville	IL	60540	(630) 527-0880
Dupage	Sam's Club	7300 WOODWARD AVE	Woodridge	IL	60517	(630) 663-9600
Dupage	Wal-Mart	1050 NORTH ROHLWING ROAD	Addison	IL	60101	(630) 889-1826
Dupage	Wal-Mart	2189 75TH STREET	Darien	IL	60561	(630) 434-0490
Dupage	Wal-Mart	3 SOUTH 100 RT 53	Glen Ellyn	IL	60137	(630) 545-1060
Dupage	Wal-Mart	900 SOUTH ROUTE 83	Villa Park	IL	60181	(630) 530-2550
Edgar	Wal-Mart	15150 US HWY 150	Paris	IL	61944	(217) 466-5428
Effingham	Wal-Mart	1204 AVENUE OF MID-AMERICA	Effingham	IL	62401	(217) 347-5171
Fayette	Wal-Mart	201 NO. MATTES AVENUE	Vandalia	IL	62471	(618) 283-4777
Franklin	Wal-Mart	919 GIACONE DRIVE	Benton	IL	62812	(618) 439-9453
Fulton	Bard Optical	127 N. MAIN	Canton	IL	61520	(309) 647-0366
Grundy	Wal-Mart	333 EAST ROUTE 6	Morris	IL	60450	(815) 942-6306
Henry	Bard Optical	206 W. FIRST ST	Geneseo	IL	61254	(309) 944-5351
Henry	Wal-Mart	730 TENNEY ST	Kewanee	IL	61443	(309) 853-2020
Jackson	Wal-Mart	1450 EAST MAIN	Carbondale	IL	62901	(618) 457-2033
Jefferson	Wal-Mart	110 DAVIDSON AVENUE	Mount Vernon	IL	62864	(618) 244-7119
Jersey	Wal-Mart	1316 SOUTH STATE STREET	Jerseyville	IL	62052	(618) 498-7744
Kane	Sam's Club	501 NORTH RANDALL ROAD	Batavia	IL	60510	(630) 761-9100
Kane	Wal-Mart	2131 WEST GALENA BLVD.	Aurora (W)	IL	60506	(630) 264-1804
Kane	Wal-Mart	801 NO. RANDALL ROAD	Batavia	IL	60510	(630) 879-3970
Kane	Wal-Mart	620 DUNDEE AVENUE	East Dundee	IL	60118	(847) 426-2800
Kane	Wal-Mart	1001 NORTH RANDALL ROAD	Elgin	IL	60123	(847) 468-9600
Kane	Wal-Mart	150 SMITH ROAD	St. Charles	IL	60174	(630) 513-9559
Kendall	Wal-Mart	6800 WEST ROUTE 34	Plano	IL	60545	(630) 552-1580
Knox	Bard Optical	1265 N. HENDERSON	Galesburg	IL	61401	(309) 343-7799
Lake	Sam's Club	6570 GRAND AVENUE	Gurnee	IL	60031	(847) 855-1130
Lake	Sam's Club	335 NORTH MILWAUKEE AVE.	Vernon Hills	IL	60061	(847) 955-9260
Lake	Wal-Mart	475 EAST ROUTE 173	Antioch	IL	60002	(847) 838-2148
Lake	Wal-Mart	2101 GATEWAY CENTER DRIVE	Belvidere	IL	61008	(815) 547-5447
Lake	Wal-Mart	3900 FOUNTAIN SQUARE PLACE	Waukegan	IL	60085	(847) 473-2193
Lake	Wal-Mart	6590 GRAND AVENUE	Gurnee	IL	60031	(847) 855-1230
LaSalle	Wal-Mart	4041 VETERANS DRIVE	Ottawa	IL	61350	(815) 434-0120
Lee	Wal-Mart	1640 SOUTH GALENA AVENUE	Dixon	IL	61021	(815) 288-7770
Logan	Bard Optical	1481 WOODLAWN RD	Lincoln	IL	62656	(217)735-1707
Macon	Bard Optical	1351 HICKORY POINT DR. SUITE B	Forsyth	IL	62535	(217) 875-3724
Macon	Bard Optical	288 N. PARK	Decatur	IL	62523	(217) 422-3881
Macon	Wal-Mart	4224 NORTH PROSPECT	Decatur	IL	62526	(217) 875-0016

Frames and prescription single vision polycarbonate lenses may be obtained within maximum cost of \$60 at Bard Optical and Wal-Mart. The cost at Sam's Club may be somewhat higher; DCFS will assist by paying up to maximum of \$60.

Participating Vendors for DCFS Downstate Eyeglass Program

County	Vendor	Address	City	St	Zip	Phone Number
Macon	Wal-Mart	4625 EAST MARYLAND AVE.	Decatur	IL	62521	(217) 864-6927
Madison	Wal-Mart	12495 STATE RTE 143	Highland	IL	62249	(618) 654-4596
Madison	Wal-Mart	610 WESLEY DRIVE	Wood River	IL	62095	(618) 259-0290
Madison	Wal-Mart	400 JUNCTION DRIVE	Glen Carbon	IL	62034	(618) 692-0550
Marion	Wal-Mart	1870 WEST MAIN ST.	Salem	IL	62881	(618) 548-4383
McDonough	Sam's Club	1470 GOLF ROAD	Rolling Meadows	IL	60008	(847) 357-1556
McDonough	Wal-Mart	1730 E JACKSON ROAD	Macomb	IL	61455	(309) 836-3311
McDonough	Wal-Mart	1460 GOLF ROAD	Rolling Meadows	IL	60008	(847) 734-0456
McHenry	Sam's Club	5670 N.W. HIGHWAY	Crystal Lake	IL	60014	(815) 477-9876
McHenry	Wal-Mart	1410 SOUTH RANDALL ROAD	Algonquin	IL	60102	(847) 458-5620
McHenry	Wal-Mart	2019 RICHMOND ROAD	McHenry	IL	60050	(815) 363-0100
McLean	Bard Optical	1407 N. VETERANS PKWY	Bloomington	IL	61704	(309) 663-1519
McLean	Sam's Club	2151 SHEPARD ROAD	Normal	IL	61761	(309) 454-3138
McLean	Wal-Mart	2225 WEST MARKET ST.	Bloomington	IL	61701	(309) 828-5646
McLean	Wal-Mart	300 NORTH GREENBRIAR DRIVE	Normal	IL	61761	(309) 451-1100
Monroe	Wal-Mart	961 N MARKET STREET	Waterloo	IL	62298	(618) 939-3416
Montgomery	Wal-Mart	1205 WEST FERDON ST	Litchfield	IL	62056	(217) 324-6195
Morgan	Bard Optical	901 W. MORTON SUITE 10B	Jacksonville	IL	62650	(217) 243-6506
Peoria	Bard Optical	4620 N. UNIVERSITY	Peoria	IL	61614	(309) 692-8222
Peoria	Bard Optical	7715 N. GRAND PRAIRIE DR	Peoria	IL	61615	(309) 691-1320
Peoria	Bard Optical	1200 W. MAIN ST. SUITE 21	Peoria	IL	61606	(309) 672-2273
Peoria	Bard Optical	7720 N. CRESTLINE DR	Peoria	IL	61615	(309) 693-9540
Peoria	Sam's Club	4100 WEST WILLOW/KNOLLS DRIVE	Peoria	IL	61615	(309) 691-4545
Peoria	Wal-Mart	8915 NORTH ALLEN ROAD	Peoria	IL	61615	(309) 693-0525
Peoria	Wal-Mart	3315 NORTH UNIVERSITY STREET	Peoria	IL	61604	(309) 682-0055
Perry	Wal-Mart	215 GRANT WAY	Du Quoin	IL	62832	(618) 542-8438
Pike	Wal-Mart	US 36 & 151 SHETLAND DRIVE	Pittsfield	IL	62363	(217) 285-9621
Randolph	Wal-Mart	1410 N MARKET ST	Sparta	IL	62286	(618) 443-5800
Richland	Wal-Mart	1001 NORTH WEST	Olney	IL	62450	(618) 395-7317
Rock Island	Bard Optical	4032 BLACKHAWK RD	Rock Island	IL	61201	(309) 786-9734
Rock Island	Wal-Mart	3930 44TH AVENUE DRIVE	Moline	IL	61265	(309) 736-2270
Sangamon	Bard Optical	3141 S. VETERANS PKWY	Springfield	IL	62704	(217) 793-2273
Sangamon	Sam's Club	2300 WHITE OAKS DRIVE	Springfield	IL	62704	(217) 787-4126
Sangamon	Wal-Mart	2760 NO. DIRKSEN PKWY	Springfield	IL	62702	(217) 522-3090
Sangamon	Wal-Mart	3401 FREEDOM DRIVE	Springfield	IL	62704	(217) 793-3310
St. Clair	Sam's Club	1350 WEST HIGHWAY 50	O'Fallon	IL	62269	(618) 632-7878
St. Clair	Wal-Mart	1530 WEST HIGHWAY 50	O'Fallon	IL	62269	(618) 632-9066
St. Clair	Wal-Mart	120 CARLYLE PLAZA DRIVE	Belleville	IL	62221	(618) 236-2200
Tazewell	Bard Optical	3287 COURT ST	Pekin	IL	61554	(309) 353-9313
Tazewell	Bard Optical	416 RIVERSIDE DR	East Peoria	IL	61611	(309) 694-2273
Tazewell	Bard Optical	8 CHERRY TREE SHOPPING CNTR	Washington	IL	61571	(309) 444-2277
Tazewell	Wal-Mart	401 RIVER ROAD	East Peoria	IL	61611	(309) 694-0513
Tazewell	Wal-Mart	155 EAST COURTLAND STREET	Morton	IL	61550	(309) 263-7898
Tazewell	Wal-Mart	3320 VETERANS DRIVE	Pekin	IL	61554	(309) 353-1123
Tazewell	Wal-Mart	1980 FREEDOM PARKWAY	Washington	IL	61571	(309) 745-3339
Vermilion	Wal-Mart	4101 N VERMILION SUITE A	Danville	IL	61834	(217) 443-9520
White	Wal-Mart	1344 ILLINOIS HWY #1	Carmi	IL	62821	(618) 382-5856
Whiteside	Bard Optical	3215 E. LINCOLNWAY	Sterling	IL	61081	(815) 626-6006

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Participating Vendors for DCFS Downstate Eyeglass Program

County	Vendor	Address	City	St	Zip	Phone Number
Whiteside	Wal-Mart	4115 E LINCOLN WAY	Sterling	IL	61081	(815) 626-7200
Will	Wal-Mart	200 SOUTH BOLINGBROOK DRIVE	Bolingbrook	IL	60440	(630) 739-4800
Will	Wal-Mart	1401 ILLINOIS ROUTE 59	Joliet	IL	60431	(815) 609-3381
Will	Wal-Mart	12690 SOUTH ROUTE 59	Plainfield	IL	60544	(815) 267-3041
Williamson	Wal-Mart	2802 OUTER ROAD DRIVE	Marion	IL	62959	(618) 997-5618
Winnebago	Sam's Club	7151 WALTON STREET	Rockford	IL	61108	(815) 394-1212
Winnebago	Wal-Mart	3849 NORTHRIDGE DRIVE	Rockford	IL	61114	(815) 636-0101
Winnebago	Wal-Mart	7219 WALTON ST	Rockford	IL	61108	(815) 399-7143
Winnebago	Wal-Mart	3902 WEST RIVERSIDE BLVD	Rockford	IL	61101	(815) 962-4071

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