



APPLICATION FOR EYE GLASS ASSISTANCE

(Please type or print, all questions must be answered)

Patients Name _____

Address: _____ City _____ Zip _____

Daytime Telephone (____) _____ Evening Telephone: (____) _____

Date of Birth: _____ Gender _____ Marital Status _____

(If applicant is under 18 years of age, parent or guardian must complete and sign form.)

For Minor-Parent/Guardian Name _____ Relationship to Minor _____

Brief Description on Problem: _____

TOTAL MONTHLY INCOME

Wages _____
 Pension _____
 Unemployment _____
 Social Security/SSI _____
 Food Stamps _____
 Housing Allowance _____
 Other _____
TOTAL INCOME _____

TOTAL MONTHLY EXPENSES

Rent/Mortgage _____
 Gas & Electric _____
 Telephone _____
 Medical _____
 Clothing _____
 Food _____
 Other _____
TOTAL EXPENSES _____

Number of persons living in household _____

All income and expense claims must be accompanied by copies of bills or receipts in Head of Household/parent name. Failure to furnish requested information can result in loss of financial assistance.

Is applicant covered by medical insurance? Yes ____ No ____ (If yes, supply information below.)

Entitled to Medicaid? Yes ____ No ____ DCN # _____

Entitled to Medicare? Yes ____ No ____ ID # _____

If Applicant has Insurance, Name/Address of Company: _____

I agree to permit the Lions District 26-M2 Sight Committee to verify the information I have submitted if necessary. I understand that the Lions District 26-M2 Sight Committee will ONLY cover expenses for an examination and eye glasses after the approval of this application. (An adult or Guardian must sign the application before is can be approved).

I certify that all the above information is true and correct, that all income is reported and that deliberate misrepresentation may subject me to be declined for the applied assistance.

Signed: _____ Date: _____

Each application must be entirely completed and submitted with a \$10.00 co-pay (money orders only) made payable to Lions District 26-M2 Sight. Your co-payment will be applied to the services you receive. If your application is denied, your co-payment will be returned to you

Send completed applications and payment to:
 Lions District 26-M2 Sight Committee
 23974 State Highway A
 Sullivan, Mo. 63080