



## Application for Assistance (Glasses/Exams only)

Club Name \_\_\_\_\_

Have you received assistance from Lions Clubs in the past? Yes No

Date of Birth \_\_\_\_\_.

Driver's License or State ID # \_\_\_\_\_.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_.

Home Address \_\_\_\_\_, City \_\_\_\_\_

County \_\_\_\_\_, Zip Code \_\_\_\_\_.

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_,

Work \_\_\_\_\_.

Social Security Number \_\_\_\_\_.

Email address \_\_\_\_\_

U.S. Citizen? Yes No How long have you lived in Alabama? \_\_\_\_\_.

How many people live in your home? Adults \_\_\_\_\_ Children \_\_\_\_\_

Do you have any of the following? (Attach copy of card)

MEDICARE \_\_\_\_\_ MEDICAID \_\_\_\_\_ COOPER GREEN \_\_\_\_\_ PRIVATE  
INSURANCE \_\_\_\_\_

Do you receive food stamps? Yes No (Attach copy of award letter).

Is any person or agency helping pay your bills? (Attach NOTORIZED letter from anyone helping you).

As of today, how much does your household/family have in:

Cash \_\_\_\_\_, Checking \_\_\_\_\_, Savings \_\_\_\_\_, Other accounts \_\_\_\_\_.

Year/Make/Model/ and value of all vehicles owned.

\_\_\_\_\_.

All monthly income (Please attach proof of all income). Wages \_\_\_\_\_, Social Security \_\_\_\_\_, Disability \_\_\_\_\_, Child Support \_\_\_\_\_ Other \_\_\_\_\_.

List all monthly amounts of any of the following expenses incurred by any member of your household.

Rent/Mortgage Pmt. \_\_\_\_\_ Home Insurance \_\_\_\_\_, Other \_\_\_\_\_.

Food \_\_\_\_\_, Electricity \_\_\_\_\_, Gas \_\_\_\_\_, Water \_\_\_\_\_,

Charge Cards \_\_\_\_\_, Loans \_\_\_\_\_, Home Phone \_\_\_\_\_, Cell Phone \_\_\_\_\_, Cable or Satellite \_\_\_\_\_, Doctor \_\_\_\_\_, Prescriptions \_\_\_\_\_,

Hospital Bills \_\_\_\_\_, Insurances \_\_\_\_\_.

Has Patient been seen by and Optometrist or Ophthalmologist within the last two years?

Yes \_\_\_ No \_\_\_

Name of Doctor \_\_\_\_\_.

**IMPORTANT: READ CAREFULLY:**

It is required that this form be signed by each applicant, or by the parents or legal guardian, if applicant is not of legal age in accordance with the laws of the State of Alabama.

I understand that Alabama Lions Sight and Local Lions Clubs in the state, the legal right to deny services if any of the about information is found to be untrue. I also understand that I will be responsible for any expenses incurred if services are denied for the above reason.

X \_\_\_\_\_ X \_\_\_\_\_

Signature of Applicant (Parent or Guardian)

Witness

DATE \_\_\_\_\_.

