



Application for Eye Exam and/or Eyeglasses 2008-2009

**COMPLETE APPLICATION & MAIL TO LIONS CLUB
AT ADDRESS IN SECTION 3**

Section 1: Applicant Information (please print)

Request for: Eye Exam Eyeglasses I Have a Current Prescription for Eyeglasses

If surgical assistance is needed for vision problems, please ask the Lions Club Sight & Hearing Chair about the Patient Care Program.

First Name	Middle Initial	Last Name	Date of Birth (mm/dd/yyyy)
Home Address		Apartment or Suite	Home Phone
City	State	Zip Code	Length of Oregon Residency (months/years)
Message Phone	Number of People Related to You Living in Household		Occupation/Employer Phone
Date	Parent/Guardian Full Name		Relationship to Applicant
APPLICANT or GUARDIAN SIGNATURE			

Section 2: Insurance and Financial Information

Insurance coverage (check box)	MONTHLY GROSS INCOME (before taxes and deductions)		MONTHLY EXPENSES (average from month to month)	
<input type="checkbox"/> Private Insurance	Applicant Wages	\$ _____	Mortgage/Rent/Utilities/Fuel	\$ _____
<input type="checkbox"/> Medicare	Spouse/Domestic Partner Wages	\$ _____	Groceries	\$ _____
<input type="checkbox"/> Oregon Health Plan	Welfare Benefits	\$ _____	Car Payment/Insurance/Gas	\$ _____
<input type="checkbox"/> Veteran's	Social Security or Disability Benefits	\$ _____	Medical/Prescriptions	\$ _____
<input type="checkbox"/> None	Food Stamps	\$ _____	Credit Cards	\$ _____
	Other	\$ _____	Other	\$ _____
	Total Monthly Income:		Total Monthly Expenses:	
		\$ _____		\$ _____

Section 3: Club Contact Phone & Mailing Information

MAIL FORM TO: IF THIS SECTION IS NOT FILLED OUT, **CALL 1-866-623-9053** FOR REFERRAL TO A LOCAL LIONS CLUB.

Lions Club	Sight & Hearing Chair Name	Sight & Hearing Chair Phone
Address	City	State
		Zip Code

Lions Club Use Only

Date Approved	Clinic/Doctor Referred To	Clinic Phone
Date Bill Received	Total Cost	Date Bill Paid
		Check Number

