



Fayetteville
LIONS CLUB

FAYETTEVILLE, ARKANSAS
Home of the University of Arkansas Razorbacks
 P.O. Box 4582
 Fayetteville, AR 72702-4582

APPLICATION FOR EYE EXAM/EYEGGLASSES

NAME: _____ BIRTHDATE: _____ AGE: _____
 NAME OF PARENT OR LEGAL GUARDIAN: _____
 MAILING ADDRESS: _____
 CITY/STATE/ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 BEST WAY TO CONTACT YOU: _____
 WHO REFERRED YOU TO US: _____

LIST EVERYONE LIVING IN YOUR HOUSEHOLD & USE ADDITIONAL PAPER IF NEEDED

NAME	BIRTHDATE

**LIST TOTAL HOUSEHOLD INCOME FROM LAST MONTH TELLING HOW MUCH/HOW OFTEN-
 WITH COPIES OF PROOF OF INCOME WHICH IS NEEDED TO BE CONSIDERED**

NAME-List all in household	Work Earnings Before Deductions	Welfare, Child Support, Alimony	Pensions, SSI: Benefits/ Disability	Unemployment	Other Income	Check If No Income

Please circle if you own your home, have a house note or rent. Amount of your house not or rent payment monthly: _____.

How many vehicles do you own? _____ Amount of payment/month: _____ Describe make, model, year of vehicle: _____.

What other monthly household expenses do you have? (Electric, water, gas, cable, phone etc.) _____

What are your total monthly expenses? _____

Do you wear glasses now? _____ If yes, how long have you had that pair of glasses? _____
What clinic/eye doctor have you last seen? _____
When was your last appointment? _____ What kind of eye problems are you experiencing?

List any other recurring monthly expenses such as medical bills, prescription medication etc.?

Are you a Veteran? _____

Are you covered under medical/vision insurance (including ARKIDS, Medicaid, VA, Medicare) _____ If yes, name of insurance. _____

Do they cover eye exams? _____ Do they cover glasses? _____ If yes, please explain why they are not providing coverage: _____

Have you or anyone in your family ever received assistance from any Lions Club in the past and if so when, where, and what type of service? _____ If yes, please explain. _____

An adult household member must sign the application I certify (promise) that all the information on this application is true and that all income is reported. I understand the Lions Club officials may verify (check) the information.

Signe Here: X _____ Date: _____

INSTRUCTIONS FOR APPLYING

1. Answer every question on this application.
2. Make copies of requested proof of income.
3. Mail completed application and proof of income to: Fayetteville Lions Club
Mary Tomlinson
P.O. Box 4582
Fayetteville, AR 72702

The Sight Conservation Committee will review your application and upon approval, you will receive by mail Vouchers that will authorize payment for your eye exam and/or glasses.

FOR OFFICIAL USE ONLY

Section I: To be completed by Sight Conservation Committee (SCC) prior to referral

Date application is received by SCC: _____

Date application is reviewed by SCC: _____

Outcome of review: _____ Approved for referral: _____ Not approved for referral

Reason if not approved for referral: _____

Applicant referred for: _____ Eye exam: _____ Eyeglasses

Date vouchers are sent to recipient: _____

Voucher # _____ Voucher expiration date: _____

Section II: To be completed by SCC when completed Vouchers are returned by Eye care practitioners

Date applicant received Eye exam: _____ Eyeglasses: _____

Date Voucher/s sent to Treasurer for payment of Eye care practitioner: _____