



# ELKHART LIONS CLUB

## Eyeglass Assistance Program Application

Name of Parent, Guardian or Responsible Person \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell or Work phone \_\_\_\_\_ Number in household \_\_\_\_\_

If working, name of employer \_\_\_\_\_

Full name, age, & relationship to Applicant of person(s) needing assistance.

*Use a separate sheet for additional names.*

1. \_\_\_\_\_ Age \_\_\_\_\_ Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

2. \_\_\_\_\_ Age \_\_\_\_\_ Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

3. \_\_\_\_\_ Age \_\_\_\_\_ Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

List school of any child above \_\_\_\_\_

Are any of the names listed above: 

Yes	No
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Enrolled in or eligible for Medicaid? \_\_\_\_\_
- Eligible for insurance that covers eye exams or glasses? \_\_\_\_\_
- Recipients of previous Lions Club assistance? \_\_\_\_\_
- Currently wearing eyeglasses? \_\_\_\_\_
- Eligible for free school lunch? \_\_\_\_\_

What is the total gross income of all people in your household?

- Income is \$ \_\_\_\_\_ per (✓): week \_\_\_\_\_ biweekly \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_
- Place a check (✓) beside your sources of income: Wages \_\_\_\_\_ AFDC \_\_\_\_\_  
Social Security \_\_\_\_\_ Disability \_\_\_\_\_ Pension \_\_\_\_\_ Child Support \_\_\_\_\_  
Supplemental Aid \_\_\_\_\_ Unemployment \_\_\_\_\_ Other \_\_\_\_\_

Give the name & location of your eye doctor. \_\_\_\_\_

Who referred you to Lions Club? \_\_\_\_\_

Describe any special circumstances we should consider. \_\_\_\_\_

### STATEMENT OF UNDERSTANDING

*To qualify for assistance applicants must: 1) answer all questions honestly and completely, 2) submit documentation for their responses upon request, 3) use the services of an eye doctor located in Elkhart County, 4) schedule their own eye care appointment within 30 days after receiving a Lions approval letter. After providing eye care service, the doctor will bill the Elkhart Lions Club directly and be paid up to \$80.00 per eligible student or \$100.00 per eligible adult.*

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete Application  
And Mail To:**

Diane E. Parker  
Eyeglass Assistance Chairperson  
Elkhart Lions Club  
P.O. Box 81  
Elkhart IN 46515