



FLORENCE LIONS CLUB
 EYESIGHT ASSISTANCE APPLICATION
 P.O. BOX 522
 Florence, KY 41042-0522



App. # _____

 Last Name First Name MI Date of Birth Date of Application

 Street Address (P.O.Box alone is not acceptable) City State Zip Code

 Phone Number County of Residence How Long At This Address

 Email Address

 Previous address if less than 2 years at this address

Number of Children in the household and ages: _____

PLEASE LIST THE NAMES OF ALL ADULTS LIVING IN THE HOUSEHOLD, THEIR RELATIONSHIP TO THE APPLICANT, AND **ALL INCOMES INCLUDING THE APPLICANT'S INCOME.**

| <u>FULL NAME</u> | <u>RELATIONSHIP</u> | <u>NET MONTHLY INCOME</u> | <u>SOURCE</u> |
|------------------|---------------------|---------------------------|---------------|
| 1 _____ | _____ | \$ _____ | _____ |
| 2 _____ | _____ | \$ _____ | _____ |
| 3 _____ | _____ | \$ _____ | _____ |
| 4 _____ | _____ | \$ _____ | _____ |

ARE YOU COVERED BY ANY OF THE FOLLOWING INSURANCE TYPES:

Private Insurance? _____ Medicare? _____ Medicaid? _____ Other (list) _____

When was your last eye exam? _____ By Dr. _____

Have you ever sought help from the Lions Club? _____ If yes, when? _____

PLEASE PROVIDE **ALL HOUSEHOLD** MONTHLY EXPENSES:

Rent/Mortgage \$ _____ Medications \$ _____ Food \$ _____
 Utilities \$ _____ Car Payment \$ _____ Insurance \$ _____

OTHER EXPENSES (EXPLAIN)

IT IS UNDERSTOOD THAT IF THIS APPLICATION IS APPROVED, THE LIONS CLUBS WILL NOT BE RESPONSIBLE FOR THE LOSS OF GLASSES, THE REPAIR OF THE FRAME, OR THE REPLACEMENT OF BROKEN LENSES.

SIGNATURE OF APPLICANT

 (SIGNATURE OF A PARENT OR GUARDIAN
 IF APPLICANT IS A MINOR)