



Request for Eyeglass Assistance

*****THIS FORM MUST BE PRESENTED TO THE EXAMINING DOCTOR PRIOR TO THE EXAMINATION OR THE LIONS CLUB WILL NOT HONOR THE BILL *****

Today's Date: _____

Applicant's Name: _____

Age: _____

Address: _____

Phone Number: _____

Occupation: _____ Employer: _____

Average Monthly Income: _____

Spouse: _____ Employer: _____

Average Monthly Income: _____

Do you have Medicare, Medicaid, or any other insurance through the state or from any other source?

Do you have any children under the age of 18 that you are financially responsible for in your household?

How many? _____

Do you currently wear glasses? Yes No Are you diabetic? Yes No

Please answer the following if the applicant is under the age of 18

Father _____ Mother _____

Occupation _____ Occupation _____

Average Monthly Income _____ Average Monthly Income _____

****The maximum amount paid for eye exams and lenses will be \$120.00 ****

By signing this form, we give consent to any investigation that may be necessary by the Lions Club

Applicant's Signature: _____

If under 18:

Mother's Signature: _____

Father's Signature: _____

***Mail applications to the Norwalk Lions Club, P.O. Box 92, Norwalk, Ohio 44857 ***

Approved by Eyeglass Committee:
