



## VISION REQUEST

Christopher Lions Club

Date of request: \_\_\_\_\_

All Franklin County Lions Clubs will gladly consider a request for financial assistance in procuring eye examinations and/or glasses for a needy person. Any decision concerning our support will be made by your local community Lions Club. This program is not for routine eye exams, but for when a need has been determined.

Please fill out this form as accurately and as completely as possible. If a section does not apply, write N/A in the appropriate place. This completed form should be submitted to your local Lions Club and you will be advised of their decision.

1. Name of person needing assistance. \_\_\_\_\_
2. Spouse, parent or guardian. \_\_\_\_\_
3. If this is a minor: Age \_\_\_\_\_, School attending \_\_\_\_\_
4. Address and phone number \_\_\_\_\_
  
5. If not for yourself, what is your relationship to the person needing care? \_\_\_\_\_
6. Name and address of person making application (if different from #1) \_\_\_\_\_
  
7. What kind of help are you asking from the Lions Club ? Exam\_\_\_ glasses\_\_\_ both \_\_\_\_\_

### Financial information must be completed for our consideration of your request.

8. Present monthly income of person in need. \_\_\_\_\_
9. Present monthly income of parent or guardian. \_\_\_\_\_
10. Sources of income or support (Wages, Food Stamps, SS, Disability, Veterans, Pensions, etc.) \_\_\_\_\_
  
11. Are there any other financial conditions or insurance we would need to know about ? \_\_\_\_\_
  
12. Have you requested help from other clubs or service organizations? If yes, describe assistance being requested or received. \_\_\_\_\_