



Elko Lions Club
P.O. Box 13
Elko, NV 89803

EYE COMMITTEE CRITERIA

NEED: Applicant must complete financial statement and application in full. *If application is incomplete, it will be returned, and this will delay assistance.* Welfare standards of poverty income level shall be used as criteria.

EMPLOYMENT: *Employment must be listed, if not employed must state reason.*

AGE: Age shall be considered as part of criteria. Preference shall be given to the young school age children, the elderly, retired individual and the handicap.

RESIDENCE: Applicant must be a permanent resident of Elko County and a citizen of the United States.

APPLICATION: Lions Club Eye Committee Application must be completed in full and denials by other agencies need to be included. *Should have applied for assistance from other agencies, prior to consideration by the Elko Lion's Club.*

PROOF OF DENIAL: Proof of denial *or signature* from other agencies should accompany application.

EYE CARE: A voucher for \$300 towards a pair of glasses will be sent to the applicant. The Lion's Eye Committee does not cover contact lenses, unless the doctor requires patient to have contact lenses. *If you have eye care insurance, please use that first and save the vouchers for those with none.*

EMERGENCY REPLACEMENT: Application for emergency replacement will be considered on individual basis.

Please allow 30 days for the processing of your application.

A cover letter requesting a report and update following treatment is enclosed with each voucher. A denial letter stating application does not meet the criteria shall be sent to all who are denied. An applicant can receive one pair of glasses every two years,

Respectfully,

Eye Committee Chairperson

Name: _____
Address: _____
Phone: _____ **Email:** _____

Current medical coverage and policy number:

Does the above insurance cover vision? ____ Yes ____ No
(If your insurance covers eye care, please use your insurance.)

HOME: Own: ____ Rent: ____ Length of Time: _____ Monthly Payment: _____
If renting, Landlord's Name: _____
Address: _____
If owned: Purchase Price: _____ Balance Owed: _____
Address: _____

AUTO: _____ Year: _____ Model: _____
Monthly Payment: _____ Balance Owed: _____

List any other major purchase(s) with monthly payment and balance:

1. _____
2. _____
3. _____

List any other expenditure(s), which affect your ability to provide eye care:
(List monthly payment and balance)

1. _____
2. _____
3. _____

Please describe any special considerations that should be considered by the Eye Care Committee:

I certify to the accuracy of the above statements. You are authorized to obtain information as you may require concerning the above statements made in this application.

APPLICANT'S SIGNATURE: _____

PARENT/GUARDIAN (if applicant is a minor): _____

Any glasses purchased will be of basic design, without tinted lenses and expensive frames.

Return your completed application form to: The Elko Lions Club, P.O. Box 13, Elko, NV 89803 **ATTN:** Eye Committee Chairperson