

Lions Eye Program Northeast Ohio, Inc APPLICATION FOR SERVICE

Funded by Lions of District OH3 & OH4 – Phone: (330) 840-8303 Located at Cleveland Clinic Lutheran Hospital - 1730 W. 25th St - Cleveland, Ohio 44113

GENERAL INFORMATION: COMPLETE IN FULL		FOR LIONS USE ONLY
Name:	Date [.]	Date Received Stamp
Address:		
Social Security #:		Agency/Organization Submitting Application
Date of Birth: Telephone:	Cell:	<u> </u>
Number of dependents including self, spouse, and children:		Reason for application:
Print Name of Guardian/Parent if Minor:		Phone:
APPLICANT INCOME:SP	OUSE INCOME:	Name & Title:
SOURCE OF INCOME:		REVIEW COMMITTEE
HOUSEHOLD INCOME PER MONTH:		REVIEWED:
Food Stamps/EBT () Yes () No Subs	sidized Housing () Yes () No i.e. CHMA/section 8	A: APPROVED B: DENIED
HOUSEHOLD EXPENSES Rent/Mortgage \$:Foc	od/Essentials \$	DATA BASE CHECK:
Electric, Water, Gas (Heat) \$Med	dical \$	COMMENTS
Other \$		
SERVICE REQUESTED () Eye Examination () Eyeglasses		
Do you have MEDICARE? () Yes () No Do you have MEDICAID? () Yes () No DO YOU ALREADY HAVE A PRESCRIPTION? () Yes () No		
Where is prescription from (Name of Physician/Doctor)		
I affirm that the above information is true and correct to my knowledge. I also understand that the information I have provided is subject to verification by the Lions Eye Program Northeast Ohio, Inc.		
Signature of Applicant:	Date:	
Signature of Parent/Guardian if Minor (under age of 18):		

APPLICANTS PLEASE NOTE: Funding for the services and procedures requested on this form is provided to you through the hard work and generosity of the Lions Clubs' fund raising projects by approximately 2,700 Lions Club members of the 109 clubs in Districts OH3 and OH4. Worldwide, there are in excess of 1.4 million Lions providing help to those in need. This service is NOT a governmental service. It is help gratefully given to you by those who call themselves Lions and whose motto is "WE SERVE."

Rev.4/12/24