



WE SERVE

Lions Eye Program Northeast Ohio, Inc.

APPLICATION FOR SERVICE

Funded by Lions of District OH3 & OH4 – Phone: (330) 840-8303 Email: lionseyepgm@gmail.com

Located at Cleveland Clinic Lutheran Hospital - 1730 W. 25th St - Cleveland, Ohio 44113

GENERAL INFORMATION: COMPLETE IN FULL	FOR LIONS USE ONLY
Name _____ Date _____ Address _____ Apt# _____ Date of Birth _____ City _____ State _____ Zip _____ Social Security # _____ (Not necessary but in certain instances may help) Primary Phone _____ Secondary Phone _____ Total number of dependents in household (including self, spouse and/or children) _____ Print name of parent/guardian if applying for minor (under age 18) _____	Date Received Stamp Agency/Organization Submitting Application Reason for application Phone Name & Title
APPLICANT INCOME _____ SPOUSE/PARTNER INCOME _____ (Monthly income for applicants age 18 or older) (Monthly income, if applicable) SOURCE OF INCOME _____ TOTAL MONTHLY HOUSEHOLD INCOME (includes all household residents) _____	REVIEW COMMITTEE REVIEWED: _____ A: APPROVED _____ B: DENIED _____ DATA BASE CHECK: _____
Food Stamps/EBT <input type="checkbox"/> Yes <input type="checkbox"/> No Subsidized Housing <input type="checkbox"/> Yes <input type="checkbox"/> No (i.e. CHMA/Section 8) HOUSEHOLD EXPENSES Rent/Mortgage \$ _____ Food/Essentials \$ _____ Utilities \$ (Water, Electric, Gas/Heat) _____ Medical \$ _____ Other \$ _____	COMMENTS
SERVICE REQUESTED <input type="checkbox"/> Eye Exam <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Other (Explain) _____ Do you have MEDICARE? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have MEDICAID? <input type="checkbox"/> Yes <input type="checkbox"/> No DO YOU ALREADY HAVE A PRESCRIPTION? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where is the 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 applicant is a minor (under age 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."

Web Application Rev.12/11/25



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APPLICATION INSTRUCTIONS

Located at Cleveland Clinic Lutheran Hospital
1730 W. 25th Street, Cleveland, Ohio 44113
Telephone: 330-840-8303 (Leave a message)
Email: lionseyepgm@gmail.com

IMPORTANT NOTES AND INSTRUCTIONS

1. Complete the application by answering: ALL THE QUESTIONS and send to the email listed above, or to your local Lions Club representative that you have been working with.
2. **If you have a prescription, attach the prescription or a copy of the prescription when you return the application.**
3. If you have any type of insurance, such as **MEDICAID**, they will provide you with an eye examination and glasses. Geauga Vision is a Medicaid provider. Call 216-227-2020 to check if they take your Medicaid policy. If you are in Lake County, Dr. Sid Savitt (440-943-1993) in Wickliffe is a Straight Medicaid/Medicare provider.
4. If you have **MEDICARE**, find a Medicare provider and get your prescription.
5. Once you have the prescription or a copy of the prescription, attach it to the application when you mail it to us. In Lake County, For Your Eyes Only (440-585-2020) in Willoughby is a Medicare provider. Once the application has been reviewed by our Review Committee and you have been approved, you will receive a notification in the mail.
6. Geauga Vision/Eyenstein's optical (216-227-2020) is our preferred provider for eye examinations and eyeglasses in Cleveland. In Lake County, our providers are Dr. Sid Savitt (440-943-1993) and For Your Eyes Only (440-585-2020).
7. There is a \$10.00 co-pay for an eye examination due to the provider at the time of the examination.
8. There is a \$10.00 co-pay due to the provider at the time you order your glasses.
9. If you have Medicare due to disability and have a spend down, please indicate your spend down.

The Lions of Northeast Ohio provide prescription eyeglasses to persons at 200% or below the Federal poverty guideline levels and who have not received prescription eyeglasses from any public or private organization without charge in the past two years.

Transportation is not provided unless arranged by the local Lions Club.

The Lions Eye Program Northeast Ohio, Inc. review committee will review applications every other Wednesday and send an approval form to the applicant and our preferred providers. **The approval is for standard lenses and/or standard bifocal lenses. Transitional or unlined lenses and special coatings are not included but can be purchased by you.**

Funding for these services is provided to you through the hard work and generosity of the Lions Club members in Northeast Ohio Districts OH3 and OH4. This is not a government service. It is help gratefully given to you by those who call themselves lions and whose motto is: "WE SERVE!"