

**Biloxi Lions Club**  
**P.O. Box 196**  
**Biloxi, MS 39533**

Date: \_\_\_\_\_

Approved \_\_\_\_\_ Declined \_\_\_\_\_

Approval Expires on: \_\_\_\_\_

Applicant Notified on: \_\_\_\_\_

THIS SECTION FOR LIONS CLUBS USE ONLY

**APPLICATION FOR  
EYE EXAM/EYEGLASS ASSISTANCE**

The requested information is to be used solely to determine eligibility for assistance and will be kept strictly confidential. Please answer all questions and print clearly:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip code)

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Is the above your permanent address? Yes \_\_\_\_\_. No \_\_\_\_\_

Assistance requested: Examination \_\_\_\_\_ Eyeglasses \_\_\_\_\_ Other (specify) \_\_\_\_\_

Have you applied for help from the Lions Club before? Yes \_\_\_\_\_ (date) \_\_\_\_\_. No \_\_\_\_\_

Total Adults in Household: \_\_\_\_\_ Names: \_\_\_\_\_

Dependents: (Name, Age and relationship)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Referred by: Coastal Family Health. \_\_\_\_\_ Other (specify) \_\_\_\_\_

**EMPLOYMENT STATUS:**

Head of Household: (please check)

Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Disabled \_\_\_\_\_ Retired \_\_\_\_\_ Medicare \_\_\_\_\_

Employed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Spouse: (please check)

Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Disabled \_\_\_\_\_ Retired \_\_\_\_\_ Medicare \_\_\_\_\_

Employed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Do you or your children receive any other income: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list all sources and amounts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOUSEHOLD EXPENSES:** (monthly average)

Rent/Mortgage \_\_\_\_\_ Utilities \_\_\_\_\_ Food \_\_\_\_\_

Automobile \_\_\_\_\_ Insurance \_\_\_\_\_ Medical \_\_\_\_\_

Other \_\_\_\_\_ Total Monthly Expenses \_\_\_\_\_

Do you own an automobile? Yes \_\_\_\_\_ No \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_

Do you own a second vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information I have provided is true and correct to the best of my knowledge. I agree that, by signing below, I authorize the Biloxi Lions Club to make any investigation necessary to determine my eligibility for assistance. Such investigation may include, but is not limited to, the release of medical information from any doctor who has treated members of my household or me, or any government agency that might maintain information about members of my household or me. I authorize the Biloxi Lions Club to obtain any and all information to determine my eligibility for assistance.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

(Or Responsible Adult if Applicant is a Minor)