

# LION'S CLUB EYECARE ASSISTANCE APPLICATION FORM

O'Neill Lion's Club

P.O. Box 142

O'Neill, NE 68763



Atkinson Lion's Club

P.O. Box 64

Atkinson, NE 68713

1) Applicant Information

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent or Legal Guardian if applicant is a minor (Please Print) \_\_\_\_\_

2) Which of the following describes the person applying for assistance? (please circle all that apply):

Child / Adult / Senior / Disabled / Blurry Vision / Broken Glasses / Diabetes / Glaucoma / Cataracts

Other medical eye conditions: \_\_\_\_\_

3) Benefit would be used toward (please circle all that apply): Eye Exam Glasses

4) When was the last time you received eye care? \_\_\_\_\_

5) When was the last time your received assistance for your eye care? \_\_\_\_\_

a) Who provided past assistance? (please circle)

O'Neill Lions Club Atkinson Lions Club Other (who?) \_\_\_\_\_

6) Current Medical Insurance? Yes/No Company: \_\_\_\_\_

7) Current Vision Insurance? Yes/No Company: \_\_\_\_\_

8) What is your Approximate Annual Income? \_\_\_\_\_

9) Current number of family members? \_\_\_\_\_

10) Current number of employed family members? \_\_\_\_\_

11) Thank you for your application. Please add any additional information that you would like to share below or on the reverse side of this form. All information is held in confidence.

Internal Use Only: Request Sent to Club (O/A): \_\_\_/\_\_\_/\_\_\_ Approved Services (GI/Ex): \_\_\_/\_\_\_/\_\_\_

Pt Sched: \_\_\_/\_\_\_/\_\_\_ Pt Seen: \_\_\_/\_\_\_/\_\_\_ Stmt Snt to Club: \_\_\_/\_\_\_/\_\_\_ Pmt Rec'd: \_\_\_/\_\_\_/\_\_\_ Edited 7/11/2020