APPLICATION FOR EYE CARE ASSISTANCE

FAYETTEVILLE LIONS CLUB
P. O. Box 217
Fayetteville, TN 37334

FILL OUT FORM
RETURN FORM
WAIT FOR A LION MEMBER TO CALL

APPLICANTS NAME ______________________________ DATE OF BIRTH ___________

Address ____ Phone # ( ) ____________________

WE MUST BE ABLE TO REACH YOU BY PHONE**

City __________________________ (MUST BE LINCOLN CO. RESIDENT) SEX ____

IF APPLICANT IS **19** YEARS OF AGE OR OLDER PLEASE COMPLETE THIS SECTION:

MARITAL STATUS ________ NUMBER OF DEPENDENTS _____

OCCUPATION _________________

EMPLOYER _________________ EMPLOYER ADDRESS ___________________________________

EMPLOYER PHONE #__(______)_________________

NAME OF SPOUSE _________________________ ADDRESS_________________ _________________

EMPLOYER OF SPOUSE ______________________ ADDRESS __________________________________

SPOUSE EMPLOYER PHONE #__(______)________________

IF APPLICANT IS **18** YEARS OF AGE OR YOUNGER PLEASE COMPLETE THIS SECTION:

FATHERS NAME _______________________________________ OCCUPATION _________________

FATHERS ADDRESS ___________________________________ Phone # ( ) ________________

EMPLOYER _________________ EMPLOYER ADDRESS ___________________________________

EMPLOYER PHONE #__(______)_________________

MOTHERS NAME _______________________________________ OCCUPATION _________________

MOTHERS ADDRESS ___________________________________ Phone # ( ) ________________

EMPLOYER _________________ EMPLOYER ADDRESS ___________________________________

EMPLOYER PHONE #__(______)_________________

IF APPLICANT IS STUDENT, NAME OF SCHOOL ____________________________________

TOTAL NUMBER OF MEMBERS IN THIS HOUSEHOLD _______

OVER (MORE ON BACK)

ENTER IN THIS SECTION THE COMBINED INCOME FROM ALL SOURCES - THE APPLICANTS AS WELL AS ALL PERSONS HAVING RESPONSIBILITY FOR THE APPLICANT

WAGES AND SALARIES $__________ UNEMPLOYMENT COMP $__________ WELFARE $___________

WORKMANS COMP $__________ SOC SECURITY $___________ VETERAN $____________

ALIMONY OR CHILD SUPPORT $___________ MILITARY $___________ PENSION $__________

SELF EMPLOYMENT $___________ **TOTAL INCOME $___________**

INCOME RECEIVED: WEEKLY ( ) BI WEEKLY ( ) MONTHLY ( )

IS APPLICANT DIABETIC? YES __ NO __

IS APPLICANT DIABETIC COVERED BY MEDICARE? YES __ NO __

IF YES WHICH PLAN BLUE CARE #_____________ UNITED HEALTH CARE# _________________

AMERIGROUP #__________________

IF APPLICANT RECEIVES AFDC or SSL GIVE MEDICAID # ________________________

DO YOU OWN OR RENT YOUR HOME? OWN _______ RENT ________

IF RENTING NAME OF LANDLORD ______________________________ Phone # ( ) ____________

ADDRESS OF LANDLORD ____

AMOUNT OF RENT $___________________

HAS APPLICANT PREVIOUSLY RECEIVED ASSISTANCE FROM THE LIONS CLUB ?_______

IF YES LIST TYPE OF ASSISTANCE AND DATE _____________________*

THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND TO THE BEST OF MY KNOWLEDGE. I HEREBY GRANE THE FAYETTEVILLE LIONS CLUB PERMISSION TO CHECK AND VERIFY AS NECESSARY.

APPLICANT, PARENT OR GUARDIAN ____

SIGNATURE REQUIRED

DATE ______________

IF UNABLE TO MEET A SCHEDULED EYE APPOINTMENT, BE SURE TO CALL AND CANCEL

*** ONLY EXTREME CASES APPROVED IF PRIOR ASSISTANCE WAS WITHIN THE LAST TWO YEARS**

****IF WE CAN NOT REACH YOU BY PHONE, WE CAN NOT SCHEDULE AN APPOINTMENT**

APPROVED _________