

Application for Eye Exam and/or Eye Glasses

Request for Exam & Glasses _____ Glasses Only _____

Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip Code _____

Phone _____ - _____ - _____ Alternate Phone _____ - _____ - _____

Employer _____ Monthly Income \$ _____

Number of People in Household ____ List Names & Ages _____

Family Income or Assistance	YES	NO	Amount/Month
1. Child Support Payments	_____	_____	_____
2. Medical Assistance (Medical)	_____	_____	_____
3. Supplemental Security Income (SSI)	_____	_____	_____
4. Social Security	_____	_____	_____
5. AFDC	_____	_____	_____
6. Food Stamps	_____	_____	_____
7. Unemployment Benefits	_____	_____	_____
8. Workmans Compensation	_____	_____	_____
9. Railroad Benefits	_____	_____	_____
10. Veterans	_____	_____	_____
11. Other Benefits	_____	_____	_____

Monthly Rent or Mortgage _____ Average Utilities/Month _____

Have you or any member of your family received assistance through the Lions Club? ____ YES ____ NO

If yes, please list names and date received _____

Do you have? Passport _____ Medicare _____ Health Insurance _____ Company _____

Other Medical Problems _____

In asking for these services, I certify I am not financially able to pay for services requested.

Signed _____ Date ____/____/____

MAIL THIS TO: Terry Kennedy
Middletown Lions Club
714 Savoy Road
Louisville, Ky. 40223

(For Lions Club Use Only)

Approved by _____ Clinic Date ____/____/____ Time _____