

Parsons Lions Club

Eye Glass Request Form

Name: _____ Phone: _____ DOB: ___/___/___ Date: _____

Street Address: _____ City: _____ ST: _____ ZIP: _____

Eye Doctor: _____ Phone: _____ Date of Last Exam: _____

Do you currently wear glasses? YES ___ NO ___ If so, When did you purchase your current glasses? _____

Do you have health insurance? YES ___ NO ___ If so, Who is your insurance provider? _____

INCOME

Employer: _____ Gross Monthly Income: _____

Other Household Member Income:

Name: _____ Relationship: _____ Monthly Income: _____

Name: _____ Relationship: _____ Monthly Income: _____

Name: _____ Relationship: _____ Monthly Income: _____

Monthly Financial Aid:

Food Stamps: \$ _____ Child Support: \$ _____ Social Security: \$ _____

Other Financial Aid:

Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____

Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____

EXPENSE

Total Number in Household: _____ Number of Dependents You Support: _____

Monthly Expenses:

Rent/Mortgage: \$ _____ Utilities: \$ _____ Auto Loans: \$ _____

Personal Loans: \$ _____ Food: \$ _____

Other Monthly Expenses:

Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____

Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____

Other Expense Information:

Do You Smoke? YES ___ NO ___ Can you pay \$25 to help with the cost of this service? YES ___ NO ___

Filling out this application for vision care does not mean that vision care will be provided. False or inaccurate information can cause rejection of application. Information supplied is held in strict confidence. The number of requests granted is determined by several factors, including but not limited to, dollars available & doctors schedules. Applications remain on file for three months. If you have not been approved within this period of time and you still seek assistance, you must reapply to remain an active candidate. You will be notified in a timely manner after the Parsons Lions Club Sight Committee & Club have voted on your application. **NO UPGRADES OF SERVICES SUCH AS PROGRESSIVE LENSES OR TRANSITION LENSES OR UPGRADED FRAMES WILL BE ALLOWED.** I acknowledge that by signing this form, I agree that I have read and understood the information I completed and submitted to the Parsons Lions Club, that I agree to allow the Parsons Lions Club to verify the information provided in this application form; and that I acknowledge that I have read, understood, and accepted the terms and conditions of this application.

Applicant Signature: _____ Date: _____
*Signature Required

Please Return Form To:

Maggie Keene
 PO Box 821
 Parsons, KS 67357

For More Information Call:

Maggie Keene: 620.423.9922
 or
 Email
 maggiemkeene@gmail.com

CLUB USE ONLY

Committee Approval: _____ Club Approval: _____ Applicant Notified: _____ Doctor Notified: _____