



**CAMBRIDGE LIONS CLUB, INC.
APPLICATION FOR VISION ASSISTANCE
(GUERNSEY COUNTY DOCTORS ONLY)**

INSTRUCTIONS: PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE. ALL BLANKS MUST BE COMPLETED. YOU MAY USE THE BACK OF THE FORM TO INFORM US OF ANY SPECIAL CIRCUMSTANCES.

PLEASE MAIL THE COMPLETED FORM TO: CAMBRIDGE LIONS CLUB, SIGHT COMMITTEE CHAIRMAN, P.O. BOX 1812, CAMBRIDGE, OH 43725.

YOU WILL BE CALLED ON THE PHONE TO VERIFY THIS INFORMATION. AFTER THIS CALL AND A REVIEW BY OUR COMMITTEE, YOU WILL BE NOTIFIED BY MAIL OF OUR DECISION. DO NOT OBLIGATE THE LIONS CLUB FOR ANY EXPENSES. DUE TO THE NUMBER OF REQUESTS THAT WE RECEIVE, NOT EVERYONE IS APPROVED.

IF APPROVED, YOU WILL BE SENT A VOUCHER, WHICH YOU PRESENT TO YOUR DOCTOR. THE DOCTOR WILL SEND THE BILL AND VOUCHER TO THE LIONS CLUB, AND WE WILL REIMBURSE HIM. MAXIMUM ALLOWANCE FOR ASSISTANCE IS \$100.00 FOR REGULAR GLASSES AND \$125.00 FOR BIFOCALS. ANY OTHER CHARGES WILL BE YOUR RESPONSIBILITY.

DATE _____

APPLICANT'S NAME _____ AGE _____

IF APPLICANT IS A CHILD, NAME OF PARENT OR GUARDIAN _____

MAILING ADDRESS _____

DAYTIME PHONE _____

EMPLOYER AND TOWN _____

THOSE WHO ARE APPROVED ARE USUALLY: 1) LOW-INCOME CHILDREN, 2) SENIOR CITIZENS WITH LIMITED INCOME, 3) DISABLED PERSONS WHO CANNOT BE EMPLOYED. IF YOU DO NOT FALL INTO ONE OF THESE CATEGORIES, PLEASE INDICATE WHY YOU NEED THE LIONS CLUB OF CAMBRIDGE TO HELP YOU. (use the back of this form if necessary):

NUMBER OF PERSONS IN YOUR HOME (INCLUDING YOU) _____

Please specify number of adults and children.

	<u>INCOME</u>		<u>EXPENSES</u>
EMPLOYMENT	\$ _____	MORTGAGE/RENT	\$ _____
SOC. SECURITY	\$ _____	UTILITIES	\$ _____
OTHER GOVT. AID	\$ _____	MEDICAL	\$ _____
FOOD STAMPS	\$ _____		

HAS THE LIONS CLUB ASSISTED YOU WITH GLASSES IN THE LAST THREE YEARS? _____

I AFFIRM THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT.

SIGNATURE _____

*****For Committee Use only—Do not write below*****

Approved _____ Not Approved _____

Date Notified _____ Paid _____