

RICH CREEK
PO BOX 276



LIONS CLUB
RICH CREEK, VA 24147

Liberty - Intelligence

We Serve

Our - Nations - Safety

APPLICATION FOR VISION ASSISTANCE

APPLICANT _____
AGE _____ SEX _____ MALE FEMALE
ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____
TELEPHONE _____

IF THE APPLICANT IS A STUDENT OR A MINOR, THE PARENT/GUARDIAN MUST COMPLETE THE INFORMATION BELOW.

NAME OF SCHOOL _____
NAME OF PARENT/GUARDIAN _____
ADDRESS OF MINOR IF DIFFERENT FROM ABOVE _____

FINANCIAL INFORMATION

PRESENT EMPLOYER _____
SALARY ----- WEEKLY _____ BIWEEKLY _____ MONTHLY _____
TYPE OF HOUSEHOLD INCOME: WAGES _____ PUBLIC ASSISTANCE _____ FOOD STAMPS _____
NUMBER OF FAMILY MEMBERS DEPENDENT ON THIS INCOME _____

HOUSING INFORMATION

HOW MANY PEOPLE LIVE IN YOUR RESIDENCE? _____
DO YOU OWN YOUR HOME? YES NO

PLEASE CIRCLE YOUR ANSWER.

IF YES, PLEASE ENTER MONTHLY MORTGAGE PAYMENT. \$ _____

IF YOU DO NOT HAVE A MORTGAGE PAYMENT OR YOUR HOME IS PAID FOR ENTER -0-.

DO YOU RENT? YES NO

PLEASE CIRCLE YOUR ANSWER.

IF YES, PLEASE ENTER MONTHLY RENT PAYMENT. \$ _____

REFERENCE

PLEASE LIST A REFERENCE

NAME _____ PHONE _____

ADDRESS _____

HAVE YOU EVER RECEIVED GLASSES OR ASSISTANCE FROM THE LIONS CLUB? YES NO

PLEASE CIRCLE YOUR ANSWER.

IF YES, WHEN, WHAT TYPE AND HOW MUCH? _____

WHEN WAS YOUR LAST EYE EXAMINATION? MONTH _____ DAY _____ YEAR _____

PRIVATE FUNDING CANNOT BE USED TO UPGRADE GLASSES. ANY SUCH FUNDING WILL DISQUALIFY YOUR ELIGIBILITY FOR ASSISTANCE FROM THE LIONS CLUB.

I HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE AND CORRECT. I CONSENT TO THE RELEASE OF INFORMATION TO OTHER AGENCIES OR INDIVIDUALS, AS THE LIONS CLUB DEEMS NECESSARY. I ALSO AUTHORIZE OTHER AGENCIES RELATED TO MY HOUSEHOLD TO RELEASE ANY INFORMATION NEEDED BY THE LIONS CLUB IN ORDER TO MAKE A DETERMINATION ON MY CASE. I UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ME ANY ASSISTANCE.

A PARENT OR GUARDIAN MUST SIGN FOR CHILDREN UNDER 18 YEARS OF AGE.

SIGNATURE _____ DATE _____

Forward completed application to: Phil Shrewsbury, Sight Chairperson, PO Box 192, Peterstown, WV 24963