

Southside Lions Club For consideration, both sides of form must be complete!

Application for Glasses

Date of Application:

Personal Information applicant's Name.

Age: _____

complete Street Address: _____

ailing Address (if different): _____

hone #: _____ Marital Status (circle one): Single Married Divorced Widowed as a Lions Club helped you in the past? No Yes If so how long ago? _____

Employment / Income Information

re you employed? No Yes Employer/Occupation: _____

MONTHLY Wages: \$ - or - Unemployment Benefits: \$ re you Disabled? No Yes Disability Benefits you are receiving: \$ re you receiving Social Security Benefits? No Yes (fso how much? \$ o you own your own home? Yes No Do you RENT? No Yes Monthly Rent: \$ re you receiving State or Public Housing Assistance? No Yes Do you live with a Family Member Friend o ou live in circle i a lies : Nursin Home Residential Care Facili Mission Safe Home

Other Household Income and Expense Information ame of 2nd Income Earner in

same household: _____ Relation to you? _____

Employer/Occupation: _____ Monthly Income/Wages (NET): \$ _____

Type of Income (circle one): Wages Social Security SSI VA Pension Other ame of 3rd

Income Earner in same household: _____ Relation to you? _____

Employer/Occupation: _____ Monthly Income/Wages (NET): \$ _____

Type of Income (circle one): Wages Social Security SSI VA Pension Other ame of 4th Income

Earner in sam.e household: _____ Relation to you? _____

Employer/Occupation: _____ Monthly Income/Wages (NET): S _____

Type of Income (circle one): Wages Social Security SSI VA Pension Other

re there any children living in t.he home? No Yes If so, list ages: _____

elation to you (circle all that apply): Your Child(ren) Your Grandchild(ren) Step Child(ren) Other

Child(ren) receiving SSI and/or Social Security? No Yes —blfso, monthly amount received: \$ _____

Child(ren) receiving AFDC? No Yes Ifso, monthly amount received: S _____ re you receiving Child Support Payments? No Yes Ifso, monthly amount received: S _____

re you receiving Food Stamps/SNAP? Food Stamps/SNAP Program

Yes so, monthly amount received: \$ _____

No If not, have you applied? No Yes • If so, when? _____

Insurance Information

Medicaid? No Yes Medicare? No Yes Vision Insurance? No Yes

Needs Assessment

Do you wear glasses now? No Yes —> If so are the frames usable? No Yes

Have you had an eye exam? No Yes —> If so, name of Eye Doctor or Office: _____

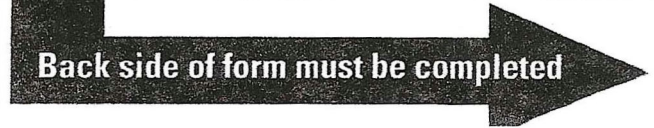
Do you need glasses? No Yes —> If so, would you be willing to go to a different doctor? No Yes

(if approved, the most we will pay towards an eye exam and glasses is \$100)

For Lions committee Use:

Amount \$ _____

Referred to _____



Monthly Expenses (best estimate)

Mortgage/Rent: \$ _____ Power Bill: \$ _____ House
Phone: \$ _____
Cable/Internet: \$ _____ Water Bill: \$ _____
Cell Phone: \$ _____ Taxes (property, house, car): \$ _____ Gas Bill: \$ _____
Medical/Pharmacy: \$ _____ Insurance (car, life, health): \$ _____ Car Payment: \$ _____
Other: \$ _____ Other: Food: \$ _____
Other: \$ _____ Loan Payments: \$ _____
Other: \$ _____
Are you contributing to the expenses of someone you are living with? No Yes If so, how much? \$ _____

Health Conditions

Are you on DIALYSIS? Yes No Are you a DIABETIC? Yes No please explain any other health/eye conditions: _____

Comments

Other information you feel would help us understand your situation..

Please understand this application process may take 8-10 weeks for a decision. You will be notified by postcard regardless of our decision.

Mail this application to:
Southside Lions Club
Sight Services Committee
PO Box 5622
Spartanburg, SC 29304

Please make sure you answer all the questions and provide accurate income and expenses. Applications that are not complete may be declined or returned for further information.