



**Nicholasville Lions Club Eye Sight Conservation
Committee**

-Application for eye exam and glasses-

Please fill out completely – (Applications not completed in full will not be considered) Only one (1) individual per applications.

DO YOU HAVE VISION INSURANCE? YES NO

IF YES NAME OF INSURANCE COMPANY _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

I. Applicant's Name _____ Age _____

Applicant's Date of Birth _____ County _____

Address _____, _____, _____

Street

City

State

Home Phone _____ Work Phone _____

If applicant is attending school please complete: Grade _____

School _____ Homeroom Teacher _____

II. Household members:

List name and ages of all children living in household.

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

4. _____ Age _____

5. _____ Age _____

List ALL other related or unrelated people living in household and sharing living expenses.

Name	Occupation	Employer's Name
1. _____/_____	_____	_____
2. _____/_____	_____	_____
3. _____/_____	_____	_____
4. _____/_____	_____	_____

Total number of household members (children and adults) _____

III. Current Household Income: Please include all monthly income for all household members.

List name and ages of all children living in the household.

A. Wages or Salary (combined)	\$ _____
B. Social Security (combined)	\$ _____
C. Public Assistance (welfare)	\$ _____
D. Child Support and/or Alimony	\$ _____
E. Pension/Retirement	\$ _____
F. Self-employment	\$ _____
G. Unemployment	\$ _____
H. Other (income from trusts, contributions from relatives, etc.)	\$ _____

Total Monthly Household Income (Add A through H) \$ _____

Does Family receive Food Stamps? Yes ____ No ____

IV. Expenses:

Does family own/buying home? Yes ____ No ____

If yes, amount of monthly house payment? \$ _____

If no, amount of rent per month? \$ _____

Does family own/buying car? Yes ____ No ____

Amount of car payment per month? \$ _____

Doctor/hospital bills due. \$ _____

Loans (Please list separately)

_____ \$ _____

_____ \$ _____

Utility Bills (electric, water, phone) \$ _____

Other Expenses (Please list separately) \$ _____

_____ \$ _____

Total Monthly Expenses \$ _____

V. Please describe problems or concerns you may have with your vision or eyes (applicant):

How long since your last eye exam? _____

Do you now wear glasses? _____

Have you ever received financial help from any Lion's Club? NO _____ Yes _____

If yes, when? _____

Name of Club that provided help? _____

Type of help received? _____

In order to be considered for services and/or glasses to be provided for by Nicholasville Lions Club of Jessamine County, I agree to abide by the following rules and policies:

1. I have fully and accurately disclosed the financial information requested on this application.

2. I will have to fill out a new application each time I need an eye exam, glasses, or other visual or ophthalmic (eye) services. This application, if approved, does not mean that I will necessarily be covered for services (exam and glasses).

3. Appointments for exam will only be scheduled after applications have been approved by committee and after committee has notified doctor's office that my application had been approved. When calling for an appointment I will tell the doctor's office that this is through the Lion's Club Eye Sight Conservation Committee.

4. I am responsible for providing transportation to and from the doctor's office. Lions Club Eye Sight Conservation Committee, if this application is approved, will only cover expense of exam and economy frames and lenses if prescribed by the doctor.

5. I agree to not hold Lions Club (Conservation Committee) and its members and constituents and examining doctor(s) and their staff responsible for any liabilities or injuries or accident incurred by me at anytime in connection with any related services as a result of acceptance of this application.

Applicants Signature _____ Date _____

Witness Signature _____ Date _____

Please mail to:

NICHOLASVILLE LIONS CLUB
PO BOX 792
NICHOLASVILLE, KY 40356

Committee Use Only:

Date application was received _____ By _____

Date action was taken _____ By _____

Date applicant was notified _____ By _____

Date doctor's office was notified _____ By _____

Signature of Committee Members:

_____ Date _____

_____ Date _____