



Olanta Lions Club

APPLICATION FOR EYECARE ASSISTANCE

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current street address:

City:

State:

ZIP Code:

ELIGIBILITY INFORMATION

Dependents at Home:

Do you presently wear glasses? Yes No

If yes, who paid for your glasses?

Date of Last Eye Exam:

Doctor's Name:

Do you receive Medicaid? Yes No

Do you receive Medicare? Yes No

Income:

\$

Other Assistance -

Food Stamps:

\$

Welfare:

\$

Social Security:

\$

Medicaid (amount per month)

\$

Major Expenses -

Rent:

\$

Food:

\$

Utilities:

\$

Other (specify):

\$

Please state why you think you need the assistance of the Lions Club:

QUALIFICATIONS FOR ACCEPTANCE

In order to qualify to receive eyeglasses and/or related assistance from the Olanta Lions Club, applicant must:

- (1) Be a resident of the local area.
- (2) **Not** have received Lions Club eyeglass assistance within the last three (3) years.
- (3) Be financially unable to pay full costs of eye examination and glasses.
- (4) Applicant is responsible for a co-payment of \$15.00 toward costs of services.

ACKNOWLEDGEMENT AND AGREEMENT

I fully understand that services provided by the Olanta Lions Club are limited to persons qualifying for those services as outlined above. In consideration of such assistance, I hereby release and discharge all persons rendering such services from any claims that may arise from the services rendered or from transportation to or from the medical offices where services are performed.

Signature of Applicant

Date

RETURN COMPLETED FORM IN PERSON TO: F & L Drug, 223 N. Jones Road, Olanta, SC