



Severn River Lions Club
Eyeglasses Assistance Request



Today's Date: \_\_\_\_\_

Person Applying: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe or circle the following:

Do you qualify for Medicare? Yes/No Medicaid? Yes/No Social Security? Yes/No

Other insurance? Yes/No If yes, carrier? \_\_\_\_\_

Do you work? Yes/No Monthly income (all sources) \$ \_\_\_\_\_

I can pay: \$25 / \$50 / \$100 / \$0?

Lions Clubs give priority to children, students, seniors, and to those less fortunate having a very limited budget. My situation is: \_\_\_\_\_

Please note other factors such as disabled, homeless, diabetic, glasses broken or lost, low vision, or other mitigating circumstance. \_\_\_\_\_

\_\_\_\_\_ (continue on back)

Last eyeglass prescription date: Month/Year \_\_\_\_\_ Last time you got glasses? Month/Year \_\_\_\_\_

Assistance provided by other organizations? Yes/No Org: \_\_\_\_\_

How will you get to the eye exam and provider's location? \_\_\_\_\_

How did you learn about Lions' vision assistance? \_\_\_\_\_

Important - Referring person & organization: Name \_\_\_\_\_

Position (nurse, counselor, caseworker, etc.): \_\_\_\_\_

Organization: \_\_\_\_\_ Street Address: \_\_\_\_\_

Suite/Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referring Person Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*APPLICANT SIGNATURE \_\_\_\_\_

Return to: Lion Bill Zelenakas
1401 Mirable Way, Pasadena, MD 21122
Email: lionbillz@comcast.net
Phone: 410-437-2105

Additional Information may be written on the back of this page

