



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

