



**LAWRENCEBURG LIONS CLUB**  
**EYE CARE APPLICATION**

**EFFECTIVE 01-01-2013 A \$20.00 CO-PAY WILL APPLY**

**NOTE: PLEASE ANSWER EACH QUESTION COMPLETELY, IF N/A, INDICATE AS SUCH**

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ OWN: \_\_\_\_\_ RENT: \_\_\_\_\_ RENT FREE: \_\_\_\_\_

TIME AT THIS ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/ GUARDIAN NAME & RELATIIONSHIP: \_\_\_\_\_ (if applicable)

YOUR EMPLOYERS NAME: \_\_\_\_\_ MTHLY GROSS: \$ \_\_\_\_\_ # YEARS THERE: \_\_\_\_\_

YOUR OTHER INCOME: \_\_\_\_\_ MTHLY GROSS: \$ \_\_\_\_\_ YOUR TOTAL MTHLY GROSS: \$ \_\_\_\_\_

MARITAL STATUS: SINGLE: \_\_\_\_\_ ENGAGED: \_\_\_\_\_ MARRIED: \_\_\_\_\_ SEP: \_\_\_\_\_ DIV: \_\_\_\_\_ WIDOW: \_\_\_\_\_

SPOUSE'S NAME: (if applicable): \_\_\_\_\_

SPOUSE'S EMPLOYERS NAME: \_\_\_\_\_ MTHLY GROSS: \$ \_\_\_\_\_ # YEARS THERE : \_\_\_\_\_

SPOUSE'S OTHER INCOME: \_\_\_\_\_ MTHLY GROSS: \$ \_\_\_\_\_ SPOUSE'S TOTAL MTHLY GROSS: \$ \_\_\_\_\_

TOTAL NO OF ADULTS IN HOUSEHOLD: \_\_\_\_\_ TOTAL GROSS HOUSEHOLD MTHLY INCOME: \$ \_\_\_\_\_

NUMBER OF MINORS IN HOUSEHOLD: \_\_\_\_\_ AGES: \_\_\_\_\_ # ENROLLED IN SCHOOL: \_\_\_\_\_

RENT/HOUSE PAYMENT: \$ \_\_\_\_\_ HOME VALUE: \$ \_\_\_\_\_ LOAN BALANCE \$ \_\_\_\_\_

VEHICLE #1: YR/MAKE: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_ LOAN BAL: \$ \_\_\_\_\_ MTHLY PMT: \_\_\_\_\_

VEHICLE #2: YR/MAKE: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_ LOAN BAL: \$ \_\_\_\_\_ MTHLY PMT: \_\_\_\_\_

OTHER VEHICLES: YR/MAKE \_\_\_\_\_ VALUE: \$ \_\_\_\_\_ LOAN BAL: \$ \_\_\_\_\_ MTHLY PMT: \_\_\_\_\_

ELECTRIC: \$ \_\_\_\_\_ GAS: \$ \_\_\_\_\_ WATER: \$ \_\_\_\_\_ GARBAGE: \$ \_\_\_\_\_ PHONE: \$ \_\_\_\_\_

CABLE/SATELLITE: \$ \_\_\_\_\_ INTERNET: \$ \_\_\_\_\_ OTHER: \_\_\_\_\_

MEDICAL INSURANCE: YES \_\_\_\_\_ NO \_\_\_\_\_ EYE DOCTOR: \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_

MEDICARE CARD: YES \_\_\_\_\_ NO \_\_\_\_\_ SCHOOL LUNCH BENEFITS: HALF PRICE \_\_\_\_\_ FREE: \_\_\_\_\_

FOOD STAMPS: YES \_\_\_\_\_ NO \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ OTHER PUBLIC ASSIST: \_\_\_\_\_

APPLICATION IS FOR: EYE EXAM: \_\_\_\_\_ EYE GLASSES: \_\_\_\_\_ BOTH: \_\_\_\_\_ OTHER: \_\_\_\_\_

DESCRIBE: \_\_\_\_\_

PAGE 2

HOW DID YOU HEAR OF THE LAWRENCEBURG LIONS CLUB: \_\_\_\_\_ ?

HAVE YOU OR ANY MEMBERS OF YOUR FAMILY RECEIVED EYE CARE FROM THE LIONS CLUB BEFORE?

IF SO, WHO? \_\_\_\_\_ RELATION: \_\_\_\_\_

BRIEFLY DESCRIBE WHY YOU BELIEVE YOU SHOULD RECEIVE EYE CARE ASSISTANCE FROM THE LIONS CLUB AT THIS TIME: \_\_\_\_\_

---

Applicant/Guardian authorizes the Lions Club to verify any of the above information it deems necessary, and authorizes any above mentioned party to release information to the Lions Club. Under penalty of perjury, the undersigned certifies all information to be true and accurate as of the above date.

Applicant/Guardian's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**EFFECTIVE 01-01-2013 A \$20.00 CO-PAY WILL APPLY**

Revised: December 2012

**PLEASE NOTE:** The Lions Club is a non profit organization. The funds the club uses to assist others in the community are acquired through fund raisers by the Lions Club volunteer members, devoting their own personal time and efforts to assist those in need. The Lions Club does not receive any contributions from any government entities or other outside charities. Donations of used eye glasses and any monetary contributions are welcome and appreciated.