Lions Club Application for Eyeglasses - Page 1

Section 1: Applicant Information (please print)

Request for: ☐ Eye Exam ☐ Eyeglasses ☐ I Have a Current Prescription

Applicant First Name	Applicant Last Name	Applicant Date of Birth

Home Address	Apartment	Phone

City	State	Zip Code	Email Address

Number of People Living in Household?	Length of Oregon Residency (months/years)	Occupation/Em ployer Phone

Applicant or Guardian Signature	Relationship to Applicant	Date

Ethnicity (Check only one):
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Racial Heritage (Check all that apply):
☐ Asian
☐ American Indian or Alaska Native
☐ Black or African-American
☐ Caucasian
☐ Native Hawaiian or Pacific Islander
☐ Other (*please specify):*_____
☐ I decline to answer

Title VI of the Civil Rights Act of 1964 allows us to ask this information. You can choose not to give this information. It will not effect your eligibility for benefits.

Section 2: Insurance and Financial Information

Insurance coverage (check box)

☐ Private Insurance
☐ Medicare
☐ Oregon Health Plan
☐ Veteran's
☐ None

MONTHLY GROSS INCOME (before taxes and deductions)		**MONTHLY EXPENSES** (average from month to month)	
Applicant Wages		Mortgage/Rent/Utilities/Fuel	
Spouse/Domestic Partner Wages		Groceries	
Welfare Benefits		Car payment/insurance/gas	
Social Security or Disability Benefits		Medical/Prescriptions	
Food Stamps		Credit Cards	
Other:		Other:	
Total Monthly Income:		**Total Monthly Expenses:**	

Section 3: Authorization for Disclosure of Financial Information

I authorize the Lions Club listed in Section 4, the Oregon Lions Sight & Hearing Foundation, and their qualified partners to receive my financial information.

Purpose for disclosure:
The undersigned is requesting charitable assistance from the Lions Club of Oregon and the Oregon Lions Sight & Hearing Foundation. Any requested financial information will be used to determine eligibility to receive financial assistance.
I understand that I may revoke this authorization in writing at any time by sending a signed and dated written statement, except to the extent that the organization(s) named above have taken action in reliance on this authorization. I have had the opportunity to read and consider the contents of this authorization.

Applicant or Guardian Signature	Date

Applicant: Complete Sections 1, 2, and 3 only and submit form to the Lions Club listed in Section 4. The Lions Club Sight & Hearing Chair will contact you to let you know if your application has been approved and tell you what to do next. Please write down the Sight and Hearing Chair's name and phone number in case you need to call them regarding the status of your application.

Applicant First Name	**Applicant Last Name**	**Applicant Date of Birth**

Section 4: Club Contact Information

MAIL FORM TO: **If This Section is Not Filled Out, Call 1-866-623-9053 for Referral to a Local Lions Club.**

Lions Club	Sight & Hearing Chair Name			Sight & Hearing Chair Phone
Mailing Address	City	State	Zip Code	Sight & Hearing Chair Email Address

Section 5: Referral and Authorization of Services by Lions Club

Clinic Referred To	Clinic Phone	Address of Clinic

The Lions Club will pay for the following services (only those checked):

☐ Eye Exam in the amount of $_____ ☐ Eyeglasses in the amount of $_____

Authorized Lions Club Signature	Date Authorized

Section 6: Billing Information for Services Authorized by Lions Club

Lions Club	Club Treasurer			Club Treasurer's Phone
Mailing Address	City	State	Zip Code	Club Treasurer's Email

Date Invoice Received	Total Cost	Date Invoice Paid	Check Number

Solicitud para un Examen de la Vista y Lentes

Complete la aplicacion y enviele a el Club de Leones abjao

Sección 1: Iformacion del aplicante (Por favor use letra de molde)

Servicio(s) Solicitado(s): ☐ Examen de visión ☐ Lentes ☐ Tengo receta reciente para lentes

Si es necesaria cirugia medica para la vista o problemas con el oido, por favor pregunte el president el club de Leones acerca del programa de ayuda.

Nombre	Inicial de Segundo nombre	Apellido		Fecha de Nacimiento (mes/dia/ano)
Dirección (Numero y Calle)			Numero de Apartamento	Numero de Teléfono
Ciudad	Estado	Código	Tiempo de residencia en Oregon (meses y anos)	Numero de Teléfono para Mensajes
Numero de familiars viviendo en la casa	Ocupacion/Numero de Telefono del trabajo			Fecha
Padre/Madre/Guardián	Relación del Aplicante	**Firma de Aplicante o del Padre/Madre/Guardián**		

Sección 2: Informacion del Financial

Tiene Ud. una aseguranza? (encierre en un circulo la que sea) **Aseguranza Privada** **Medicare** **Plano de Oregon** **Ninguna**

INGRESOS BRUTOS MENSUALES *(ingresos antes de impuestos y deducciones)*		**GASTOS MENSUALES** *(promedio de gastos mensuales)*	
Sueldo de aplicante	$	Hipoteca/Renta	$
Sueldo de esposo o companero	$	Gastos de luz, basurda, gas	$
Sueldo de padre or guardian	$	Pago de telefono (casa o celular)	$
Beneficios del Seguro Social	$	Comida	$
Beneficios de Incapacidad	$	Cuidado de Niño(s)	$
Beneficios de Asistencia Publica	$	Pago del Carro	$
Retirement/Pension	$	Gas/Fuel	$
Inversiones	$	Pago de aseguranza (carro, casa, vida etc.)	$
Child Support/Pensión Alimenticia:	$	Medicina	$
Estampillas para Comida	$	Targeta(s) de Crédito	$
Otros Ingresos	$	Otros Gastos	$
Otros Ingresos	$	Otros Gastos	$
Total de Ingresos:	$	**Total de Gastos:**	$

Sección 3: Club Contact Phone & Mailing Information

Envíe las Formas a: **SI ESTA SECION NO ESTA LLENA –LLAME AL TELEFONO 1-866-623-9053 PARA DIRIGIRLA A UN CLUB DE LEONES LOCAL**

Lions Club	Nombre Sight & Hearing Chair	Sight & Hearing Chair de Teléfono	
Dirección (Numero y Calle)	Ciudad	Estado	Código

Lions Club Use Only

Date Approved	Clinic/Doctor Referred To		Clinic Phone
Date Bill Received	Total Cost	Date Bill Paid	Check Number