

Amherst Lions Club

P.O. Box 273, Amherst, OH 44001



APPLICATION FOR EYE CARE ASSISTANCE

Your name has been referred to us as being in need of Eye Care Assistance. Information on this form will be held in confidence by the Amherst Lions Club and will be used solely to determine the extent of assistance given to the applicant.

Your Name (Applicant): _____

Address: _____

Phone Number: _____ Alternate Phone Number: _____

Name & Age of Person Needing Eye Care: _____

Relationship to Applicant: _____ Who Referred You: _____

Names & Ages of Other Immediate Family Members: _____

Are you Employed? _____ Name of Employer: _____

Names of Other Family Members Employed

Names of Employers

Total Household Income: \$ _____ Do you Receive Government Assistance: _____

At above address, do you Rent _____ or Own _____. Monthly Payment Amt: \$ _____

Other Housing Situation: _____

Year & Make of Vehicles Owned by Immediate Family: _____

List any Major Expenses and Payment Amounts, such as Medical: _____

Type of Eye Care Assistance Needed: _____

Additional Information and/or Circumstances: _____

I attest the above information to be true and accurate: _____

Signature

Date

If your application for assistance is approved, you will be referred to a local eye care provider who has agreed to provide services based on the recommendations from the Amherst Lions Club.

Please return form to: Lion Polly Makinen, 454 Long St, Amherst, OH 44001.

Thank you for completing this form. A member of the Amherst Lions Club will be contacting you.