



Burns Lions Club

Children application form for eyeglasses

Child REFERRED _____

Mailing Address _____ City _____ State _____

ZIP Code _____ Telephone _____

Is the family currently receiving assistance from Social Services?

Yes _____ No _____

Is the family presently covered by vision insurance plan?

Yes _____ No _____

Financial reason for the request for assistance for eyeglasses

Any other comments that is prudent to the eyeglasses request:

date

Signature of Parent or Guardian

Please return this form to the Burns Lions Club, PO Box 333, Burns, WY 82053



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