



# Lions Eyeglass Assistance Program

FOR USE BY LIONS CLUBS ONLY



Association of Lions Clubs  
Sight & Hearing Foundation

**Applicant: Complete Sections 1, 2, 3, and 4 and submit this application along with any requested documentation to the Lions Club listed in Section 5.**

**You will be notified of your application status by the Lions Club Volunteer.**

Applications are generally processed within several weeks but are dependent on staff and volunteer availability. Your patience with this volunteer driven effort is appreciated.

Upon qualification, you are eligible for clear plastic single vision, lined bifocal or lined trifocal lenses.

## Section 1: Applicant Information (please print)

**Request for:**  Eye Exam and glasses  Glasses only (I have a current prescription)

Applicant First Name		Applicant Last Name		Applicant Date of Birth	
Home Address			Apt. #	Phone	
City		State	Zip Code	Email Address	
Number of People in household?	How long have you lived in Oregon?	If you have a social security number, please provide the last 4 digits only:		Occupation:	

**PLEASE NOTE: YOUR APPLICATION WILL NOT BE REVIEWED UNLESS PROOF OF INCOME IS INCLUDED.**

**You MUST provide valid documentation showing proof of income for your household. This could include: pay stubs from the last 2 recent pay periods, current DHS/TANF/SSI/Disability award letters or awards letters from other government or state assistance programs.**

## Section 2: Insurance and Financial Information

Insurance coverage	MONTHLY GROSS INCOME (before taxes and deductions)		MONTHLY EXPENSES (month to month)		You must verify your total income by presenting all of the following that you receive:
<input type="checkbox"/> Private Insurance	Applicant Wages	\$	Mortgage/Rent/Utilities	\$	<input type="checkbox"/> Applicant Paystub
<input type="checkbox"/> Medicare	Spouse/Domestic Partner's Wages	\$	Groceries/Fuel	\$	<input type="checkbox"/> Spouse/Domestic Partner's Paystub
<input type="checkbox"/> Oregon Health Plan	Welfare Benefits	\$	Car Payment/Insurance	\$	<input type="checkbox"/> Welfare Benefit documentation
<input type="checkbox"/> Veteran's	Social Security/Disability	\$	Medical/Prescriptions	\$	<input type="checkbox"/> Social Security/Disability documentation
<input type="checkbox"/> Vision Insurance	Food Stamps	\$	Credit Cards	\$	<input type="checkbox"/> Food Stamps documentation/EBT <b>Must present benefit letter from DHS</b>
<input type="checkbox"/> Other	Other	\$	Other	\$	<input type="checkbox"/> Other:
<input type="checkbox"/> None	Total Monthly Income	\$	Total Monthly Expenses	\$	

**You are required to check with your insurance provider regarding vision coverage within your plan. If you do not have insurance, you are required to seek out insurance eligibility before applying with your Lions Club.**





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Mission: To provide  
Sight & Hearing Foundation

## Section 3: Authorization for Release of Information

### Purpose for disclosure:

The undersigned is requesting charitable assistance from the Lions Clubs of MD-36 and the Oregon Lions Sight & Hearing Foundation. Only provided financial and medical information will be used to determine eligibility to receive assistance.

I hereby agree to participate in and give the Oregon Lions Sight & Hearing Foundation permission to use general interest information/quotes/photographs of myself for publicity, promotion, news releases, videos, and web use of the Oregon Lions Sight & Hearing Foundation. I hereby release and discharge the Oregon Lions Sight & Hearing Foundation from any and all claims arising out of the use of the above stated purposes that I may have in this regard.

I understand that I may revoke these authorizations in writing at any time by faxing a signed and dated letter to (503) 413-7522, 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.

I authorize the Lions Club listed in Section 5, the Oregon Lions Sight & Hearing Foundation and their qualified partners to receive verification of my financial information and relevant medical documents.

**Applicant or Guardian Signature**

**Date**

## Section 4: Fitting Fee Agreement

By signing below, I agree to give a \$20.00 copay at the time of my fitting with the provider. This charge will not be paid by the club, unless I have zero income and provide sufficient documentation proving zero income.

**Print First Name**

**Print Last Name**

**Phone Number**

**Applicant or Guardian Signature**

**Date**



**We Need Your Help! Please share your story with us.**  
E-mail us at [Info@OLSHF.org](mailto:Info@OLSHF.org) or attach a separate piece of paper.



**Applicants, do not write below this line.** Section 5 is for volunteer Sight & Hearing Chair use only.

**If no Lions Club information is provided, call (971) 270-0203 or email [LionsClubsReferrals@OLSHF.org](mailto:LionsClubsReferrals@OLSHF.org)**

## Section 5: Lions Club Contact Information

<b>Lions Club</b> Umpqua Lions Club	<b>Sight &amp; Hearing Chair</b> Joel King			<b>Telephone</b> 754-2111
<b>Mailing Address</b> P.O. Box 57	<b>City</b> Roseburg	<b>State</b> OR	<b>Zip Code</b> 97470	<b>E-mail Address</b> umpqualionsightandhearing@gmail.com

**Please check here if using OLSHF's Optical Program and the LEAP Lab \_\_\_\_\_**

