



Lions Eyeglass Assistance Program

FOR USE BY LIONS CLUBS ONLY



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 or polycarbonate 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 (if houseless, where do you usually reside)				Apt. #	Phone #	
City		State	Zip Code	County	Alternative Phone #	
Mailing Address (if Different from Home Address)				City	State	Zip Code
Number of People in Household?	How Long Have you Lived in OR/Northern CA? (mm/yyyy)	Occupation:			Preferred Written or Spoken Language(s)	

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

Proof of income may be: pay stubs from the last 2 recent pay periods, current DHS/TANF/SSI/Disability award letters, food stamp benefit letter, or awards letters from other government or state assistance programs.

MONTHLY GROSS INCOME (Before Taxes and Deductions)		MONTHLY EXPENSES (Month to Month)	
Applicant Wages	\$	Mortgage/Rent/Utilities	\$
Spouse/Domestic Partner's Wages	\$	Groceries/Fuel	\$
Welfare Benefits	\$	Car Payment/Insurance	\$
Social Security/Disability	\$	Medical/Prescriptions	\$
Food Stamps	\$	Credit Cards	\$
Other	\$	Other	\$
TOTAL Monthly Income	\$	TOTAL Monthly Expenses	\$

Do you Have Vision Insurance? Yes No If Yes, explain why you are requesting help from the Lions?





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Section 2: Authorization for Release of Information

I agree that my Lions Club in Section 5, the Oregon Lions Sight & Hearing Foundation, and their qualified partners and providers, may review and share between themselves the personal and income information I included with this application along with any additional information about my vision, such as an eyeglass prescription.

Yes ___ No ___

I agree to participate in and allow 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.

Yes ___ No ___

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 may have acted in reliance on this authorization. I have had the opportunity to read and consider the contents of this authorization.

Applicant or Guardian Signature

Date

Section 3: Fitting Fee Agreement

Depending on the provider your Lions Club is working with, there may be a \$20 copay when you receive your eyeglasses fitting. Please be prepared to pay that copay or provide an explanation on a separate sheet of paper as to why that cost would be a hardship for you at this time. Your local Lions Club will let you know about the copay when they process your request for assistance.

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 or attach a separate piece of paper.



Section 5 is for volunteer Sight & Hearing Chair use ONLY. Mail completed application and proof of income to the address located in the section below. If this area is blank, to find your local Club:

Please complete the GET HELP FORM at OLSHF.org and you will be connected with your local Lions Club.

Section 4: Lions Club Contact Information

Lions Club

Sight & Hearing Chair

Telephone

Umpqua Lions Club Larry Brooks

Mailing Address

City

State

Zip Code

E-mail Address

P.O. Box 57

Roseburg OR 97470

umpqualionssightandhearing@gmail.com

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

