



# Middle Tennessee Lions Sight Service

P.O. Box 3 • Milton, Tennessee 37118  
Phone: 629.335.2725 • sight@mtlss.org  
501c3 • EIN: 62-1320590 • www.mtlss.org



## Sponsoring Club

Sponsoring Club Name: \_\_\_\_\_

Lions Club Contact Person: \_\_\_\_\_

Club Address: \_\_\_\_\_  
Address City State Zip

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Patient Information

Legal Name: \_\_\_\_\_ Nickname(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Patient Eye Problem

Eye Problem: \_\_\_\_\_

Ophthalmologist/Optomtrist seen: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Phone Number: \_\_\_\_\_ Date of last eye exam: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize the attending physician and/or hospital to release any and all information including personal and financial evaluation in respect to my illness or injury, medical history, consultation, prescriptions or treatment including diagnosis or prognosis and copies of all medical records to Middle Tennessee Lions Sight Service, Inc., and the Sight Service Committee of the sponsoring Lions Club mentioned above.

Date: \_\_\_\_\_

Patient Name (Print): \_\_\_\_\_ Sign: \_\_\_\_\_



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**Income Statement**

Applicant total monthly income: \$ \_\_\_\_\_

If your income is \$0.00, list who provides support and their income below.

Name of Income Supporter: \_\_\_\_\_ Phone: \_\_\_\_\_

Total monthly household income (everyone who lives in your household): \$ \_\_\_\_\_

Current Housing: \_\_\_ Rental \_\_\_ Owned with Mortgage \_\_\_ Owned, paid in full

**Source of Income**

Social Security Disability: \$ \_\_\_\_\_

Social Security Retirement: \$ \_\_\_\_\_

Supplemental Security Income: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

Alimony: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Veteran Benefits: \$ \_\_\_\_\_

Unemployment: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

**Total Income:** \$ \_\_\_\_\_

**Monthly Expenses**

Housing Payment: \$ \_\_\_\_\_

Utilities

Electric: \$ \_\_\_\_\_

Water: \$ \_\_\_\_\_

Gas: \$ \_\_\_\_\_

Sewer: \$ \_\_\_\_\_

Cable TV/Internet: \$ \_\_\_\_\_

Phone: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Home/Rental Insurance: \$ \_\_\_\_\_

Do you own a car? \_\_\_ Yes \_\_\_ No

**Vehicle Expenses**

Payment: \$ \_\_\_\_\_

Fuel: \$ \_\_\_\_\_

Insurance: \$ \_\_\_\_\_

Maintance: \$ \_\_\_\_\_

**Medical Expenses**

Medications: \$ \_\_\_\_\_

Premiums/Co-Pays: \$ \_\_\_\_\_

**Total Monthly Expenses:** \$ \_\_\_\_\_

By signing below, I authorize Middle Tennessee Lions Sight Service and the Sight Service Committee, of the sponsoring Lions Club, to verify any information provided. I understand that an incomplete form or providing false information will result in my application being declined.

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_



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**Applicant Information & Financials**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

How long have you lived at the above address: \_\_\_\_\_

If less than 1 year, previous address: \_\_\_\_\_  
Address City State Zip

Are you a citizen of the United States?  Yes  No Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Female  Male

Email address: \_\_\_\_\_

Are you able to work?  Yes  No - Why: \_\_\_\_\_

Employer name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long employed: \_\_\_\_\_ Do you have insurance:  Yes  No

Insurance Company Name (if applicable): \_\_\_\_\_

Medicare Coverage:  Yes  No Medicare #: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

Have you received assistance from any Lions Clubs before?  Yes  No

If yes, when and what services: \_\_\_\_\_

Can you afford to pay anything on the services needed?  Yes (How much? \$ \_\_\_\_\_)  No

Do you have a bank account?  Yes  No

If yes, Name of Bank/Credit Union: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip