

APPLICATION FOR EYE CARE ASSISTANCE

(Must Be A Lincoln County, Tn Resident)

Instructions:

- ◆ Complete & Sign Form
- ◆ Mail to the address on the right or turn in at Fayetteville Municipal Bldg.
- ◆ Wait for a Lion member to call



Fayetteville Lions Club
 Attention: Eyecare Assistance Chair
 P. O. Box 217
 Fayetteville, TN 37334

PATIENT INFORMATION:

Name _____ Date of Birth _____ Age _____ Sex: M F

Address _____ City _____ Zip Code _____

Phone #* (____) _____ Cell Home **WE MUST BE ABLE TO REACH YOU BY PHONE***

Eye Problem _____ How Problem Detected _____

Date Last Eye Exam _____ Date Last Assistance From the Lions** _____ Never

If Patient Is A Student, Name Of School _____

Is Applicant Diabetic? YES NO Diabetes Covered By Medicare? YES NO

IF PATIENT IS AGE 19 OR OLDER, PLEASE COMPLETE THIS SECTION

Marital Status _____ Number of Dependents _____ Occupation _____

Employer _____ Address _____ Phone # (____) _____

Name Of Spouse _____ Address _____

Spouse's Employer _____ Address _____ Phone # (____) _____

IF PATIENT IS AGE 18 OR YOUNGER, PLEASE COMPLETE THIS SECTION

Father's Name _____ Occupation _____

Father's Address _____ Phone # (____) _____ Email: _____

Employer _____ Address _____ Phone # (____) _____

Mother's Name _____ Occupation _____

Mother's Address _____ Phone # (____) _____ Email: _____

Employer _____ Address _____ Phone # (____) _____

* If we cannot reach you by phone, we cannot schedule an appointment.

** Only extreme cases will be approved if prior assistance was given within the last two years.

INCOME: (ENTER THE COMBINED MONTHLY INCOME FROM ALL SOURCES - THE APPLICANT'S AS WELL AS ALL PERSONS HAVING RESPONSIBILITY FOR THE APPLICANT)

Total # Members In This Household _____ Income Received: Weekly Biweekly Monthly
Wages & Salaries \$ _____ Self Employment \$ _____ Long/Short Term Disability \$ _____
Workers' Comp \$ _____ Pension \$ _____ Soc Security \$ _____ SSI Disability \$ _____
Alimony/Child Support \$ _____ Military or Veteran Ben. \$ _____ Investment Income \$ _____
Unemployment Ben \$ _____ Welfare/TANF \$ _____ **TOTAL INCOME \$ _____**

If household income is \$0, list who provides support and housing. or provide other explanation:

HEALTH INSURANCE:

Do you have private vision insurance? Yes No Do you have medical insurance? Yes No

Insurance Company Name (if applicable): _____

Medicare Coverage? Yes No TennCare Coverage? Yes No Member #: _____

Medicare Advantage or Medigap Coverage? Provider: _____ Member # _____

HOME/VEHICLE EXPENSES:

Own Rent House Pymt/Rent \$ _____ Utilities \$ _____ Home/Renter Insurance \$ _____

If Rent, Landlord Name _____ Phone # () _____

Landlord Address _____

Own/Lease Vehicle? Yes No Vehicle Pymt \$ _____ Vehicle Insurance \$ _____

THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY GRANT THE FAYETTEVILLE LIONS CLUB PERMISSION TO CHECK AND VERIFY AS NECESSARY. IF UNABLE TO MEET A SCHEDULED EYE APPOINTMENT, I WILL CALL THE EYE DOCTOR TO CANCEL/RESCHEDULE.

APPLICANT or PARENT/GUARDIAN _____ **DATE** _____
SIGNATURE REQUIRED

For Lions Sight Assistance Committee	
Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
Doctor _____	Date of Appointment _____ Time _____
Date Applicant Notified: _____	

