

**ADULT EYE CARE
ASSISTANCE APPLICATION**

APPLICATION NUMBER _____
GIVEN TO _____
DATE _____

Directions:

Please complete fully this application and return it to the address below. Thank you.

Kent State Tuscarawas Lions Club
c/o Mistey Bailey
330 University Drive NE
New Philadelphia, OH 44663

Your application will be reviewed by the Eye Committee of the Kent State Tuscarawas Lions Club and you will be notified by mail of their decision. If the form is not completely filled out, with all the requested information given, your application will not be processed. Please note: **DO NOT** proceed with the examination until you have been notified in writing of the Lions' decision. The Kent State Tuscarawas Lions Club **will not** be responsible for bills incurred before the approval of your application.

Date _____

EYE CARE ASSISTANCE IS REQUESTED FOR:

Adult Student's Name _____ Age _____

Spouse's Name _____ Age _____

Wife's Maiden Name _____

Address _____

School District in which you live _____

Marital Status (check one)

_____ Spouse deceased

_____ Separated

_____ Living with Spouse

_____ Divorced

_____ Never Married

_____ Remarried

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

1. How many children are living at home as dependents? _____

2. How many children have been previously fitted with glasses by the Lions Club? _____
When _____?

3. Have you ever been fitted with glasses by the Lions Club? _____
If so, when? _____

4. Has your spouse ever been fitted with glasses by the Lions Club? _____
If so, when? _____

5. Husband's employment record for the past 5 years. Please list the most recent first. Please fill in even if currently unemployed, separated, divorced or deceased.

Employed by	How Long	Income
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

Other income _____

6. Wife's employment record for the past 5 years. Please list the most recent first. Please fill in even if currently unemployed, separated, divorced or deceased.

Employed by	How Long	Income
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

Other income _____

7. Please list the type of family medical insurance coverage and company:

8. Housing: Please check one and fill in information

----- Own Home
----- Buying home - Monthly payment _____ to _____
----- Rent - Monthly payment _____ Landlord is _____

9. How long have you lived at your current address? _____

10. If you lived at your present address less than one year, please list below your last two addresses and the dates lived at each.

 ----- Date -----

 ----- Date -----

11. If your family receives aid from the following, please list all sources and the amounts received from each.

None	-----	Workman's Compensation	\$-----
Medical Insurance	\$-----	Social Security	\$-----
ADC	\$-----	Disability	\$-----
Unemployment	\$-----	Alimony and/or Child Support	\$-----
Medicaid	\$-----	Food Stamps	\$-----
Welfare	\$-----	Other (specify below)	\$-----

12. Who is your eye doctor?-----

13. Do you have any excessive expenses, bills, etc. of which the Eye Committee should be aware of? Please list and describe below.

Owed to Whom	Total Owed	Amount Paid	How Often Paid
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

14. Is there any valid court order in effect which would require a former spouse to furnish support of medical care for this adult? Please provide details below.

15. Please list any other eye care information, any previous eye care date that would be helpful for us to know.

16. Are you seeking: (please check)

- Eye Exam Only Frames Only Lenses Only
 Frames & Lenses Exam, Frame, & Lenses

Contact Information: email_____

Home Phone_____

Cell Phone_____