



# Application for Glasses

Applicant Information			
First Name:	Last Name:	MI	Date of Birth:
Residence address:		Apt #	Phone #:
City:		State:	ZIP Code:
Mailing address (same as residence <input type="checkbox"/> )			
Email address:			Number of persons living in household:

Eye Care Information	
Do you have a current eyeglasses prescription to fill: Yes <input type="checkbox"/> No <input type="checkbox"/> (check one) <b>Note: VT Lions do not assist with funding eye exams</b>	
Have you been diagnosed with cataracts or glaucoma Yes <input type="checkbox"/> No <input type="checkbox"/> (check one)	
Who will be filling your eyeglass prescription:	Eyewear phone #

Financial and Insurance Information			
My residence is: Owned <input type="checkbox"/> Rented <input type="checkbox"/> Shared <input type="checkbox"/> (check all that apply)		Landlord name:	
Monthly mortgage or rent:		Landlord telephone #:	
Employed at:	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> (check one)	Annual employment income:	
Employer address:		Employer phone #	
Do you receive Medicaid or Medicare: Yes <input type="checkbox"/> No <input type="checkbox"/>		List other forms of insurance:	

Please complete either

1) Most recent tax year Adjusted Gross Income (AGI) (Line 4 on 1040EZ; Line 21 on 1040A; Line 37 on 1040) : \$ \_\_\_\_\_

or

2) Monthly finances:

Monthly Gross Income (Income before taxes and deductions)		Monthly Expenses (Monthly Agerage)	
Salary of Candidate	\$	Rent/Mortgage	\$
Salary of Spouse	\$	Utilities	\$
Salary of Parent	\$	Food	\$
Social Security Benefits	\$	Phone	\$
Retirement Pension	\$	Medicine	\$
Income from other family	\$	Car/Transportation	\$
Food Stamps	\$	Child Care	\$
Other Benefits	\$	Insurance	\$
Income from other assets	\$	Credit Card payment	\$
Other Income	\$	Other debt	\$
	\$		\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>Total Monthly Expenses</b>	<b>\$</b>

Applicant must read and sign this statement	
<p>I authorize the Lions Clubs of District 45, The Vermont Lions Charities foundation, and their qualified partners to receive my financial information.</p> <p>I fully understand these services are limited to individuals unable to pay for or receive eyeglasses from other sources of assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services so rendered. I am aware that eyeglasses billed to me prior to the approval of this application will not be paid for by this service. I also understand that funds granted are not for use in conjunction with any other financing to upgrade glasses beyond base prescription needs. I understand my application may be reviewed by the Lions Club and sight professionals. These forms will be kept on file by the local Lions, the eye care professional and Vermont Lions Charities foundation. The documents will be kept confidential and not shared with third parties.</p> <p>All information on and attached to this application is true and correct to the best of my knowledge.</p> <p>I have had the opportunity to read and consider the contents of this authorization.</p> <p>The undersigned is requesting charitable assistance from the Lions clubs of District 45 and the Vermont Lions Charities foundation. Any requested information will be used to determine eligibility to receive financial assistance. The undersigned may revoke this authorization at any time by sending a signed and dated written statement, except to the extent that the organization(s) named above have already taken action in reliance upon this authorization.</p>	
Signature of applicant or guardian:	Date: