

CAPITAL AREA LIONS
Joint Sight Conservation Committee
P.O. Box 32035
Juneau, Alaska 99803-2035

APPLICATION
for
EYEGLASSES



***Where Lions meet be present Lord
To weld our heart of one accord
To do thy will Lord makes us strong
To aid the weak and right the wrong***

The Lions Prayer

Application For Assistance

Applicant's Name:

First	Middle Initial	Last
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Mailing Address: _____

Applicant's Date of Birth: _____/_____/_____

Phone #'s: Home: _____ Cell: _____
Work: _____ Msg: _____

Relationship to Applicant: Self Parent Other: _____

- If Parent or Other, please give us your contact information:

- Name: _____ Phone: _____

How did you learn about this program? _____

Have you applied for assistance from the Lion's before?	YES	NO
	[]	[]
- If yes, when: _____ How much did you get: \$ _____		

Have you applied for assistance from other service groups?	[]	[]
- If yes, what service group(s): _____		
- How much did you receive? \$ _____		

Do you currently have vision insurance?	[]	[]
- If yes, please list provider: _____		

Did you contact any of the following agencies?

- | | | | |
|------------------------------|---------|--------|---------|
| 1. Medicaid/Denali Kid Care | [] Yes | [] No | [] N/A |
| 2. Tlingit & Haida | [] Yes | [] No | [] N/A |
| 3. Dept. of Veterans Affairs | [] Yes | [] No | [] N/A |
| 4. Other: _____ | [] Yes | [] No | [] N/A |

When did applicant have eye exam? _____ Where: _____

Did you pay towards applicant's eye exam? Yes No

- If yes, how much you paid: \$ _____ **(Please provide copy of invoice)**

Please list Name of applicant's Doctor: _____

Statement of Need - Please provide a statement of the applicant's need for assistance, i.e., item(s) needed, amount needed, etc.

Is applicant currently in school? [] Yes [] No
- If yes, list name of school & grade level: _____

Are you currently employed? [] Yes [] No
- If yes, list name of employer: _____

Does applicant currently wear glasses? [] Yes [] No
- If yes, what is the condition of glasses? _____

Does applicant wear contact lenses? [] Yes [] No
- If yes, please list the type of contacts: _____

NOTE: Please attach copy of itemized invoice for new glasses.

Name of Applicant's Optician: _____

Optician's Signature: _____ Date: _____

Your Signature: _____ Date: _____

Funds for this program are provided by community donations and Lions' Club community service projects. Any repayment or partial repayment would be greatly appreciated. In order to continue this program, how much, if any, are you able to pay at this time? _____ How much would you be able to donate at a future time? _____

If approved, the CALJSCC may provide up to a maximum for the following:

- \$150 Single Vision Glasses
- \$250 Bifocal Glasses
- \$300 Trifocals/Progressives
- \$100 Eye Examination

Please mail application to:

Capital Area Lions
Joint Sight Conservation Committee
P.O. Box 32035
Juneau, AK 99803

Submitting this application is not a guarantee of assistance from the Sight Committee. Thank you for participating in our program.

Internal Review

A minimum of two signatures of the Joint Sight Committee members, representing two clubs and the treasurer are required before any assistance will be approved.

Lion's Signature	Printed Name	Date	MFL Club
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Lion's Signature	Printed Name	Date	JL Club
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These funds are available: \$ _____

Treasurer's Signature	Name of Treasurer	Date	Club
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APPROVED: **YES** **NO**

If yes, amount approved: \$ _____ Date: _____

Paid To: _____

Item Paid For: _____

Name of Recipient: _____

If no, please give reason: _____