Truckee Lions Club
SIGHT CONSERVATION COMMITTEE
P.O. BOX 3386
Truckee, CA 96160

APPLICANT

APPLICATION MUST BE COMPLETE IN ORDER TO RECEIVE ANY CONSIDERATION

SOCIAL SECURITY NUMBER _____ DATE _____

APPLICANT _____ BIRTH DATE _____
(Last) (First) (MI)

MARRIED_____ SINGLE_____ SEPARATED_____ DIVORCED_____ WIDOWED_____

NUMBER OF DEPENDENTS LIVING WITH YOU: ADULTS (NOT INCL YOURSELF) _____ CHILDREN _____

PRESENT ADDRESS _____ HOW LONG? _____
(Street) (City,State) (Zip)

HOME PHONE _____ BUSINESS PHONE _____

PREVIOUS ADDRESS _____ HOW LONG? _____

HOW LONG HAVE YOU LIVED IN WASHOE OR STORY COUNTY NEVADA? _____

EMPLOYER _____ SINCE _____

POSITION WITH EMPLOYER _____

IF UNEMPLOYED, SINCE WHEN? _____ ARE YOU DISABLED? _____

UNION AFFILIATION _____ MEDICAL INSURANCE _____
(Name of company)

DOES YOUR INSURANCE PROVIDE VISION COVERAGE?

SPOUSE

SPOUSE _____ BIRTH DATE _____
(Last) (First) (MI)

EMPLOYER _____ SINCE _____

POSITION WITH EMPLOYER _____

IF UNEMPLOYED, SINCE WHEN? _____ ARE YOU DISABLED? _____

UNION AFFILIATION _____ MEDICAL INSURANCE _____
(Name of company)

DOES YOUR INSURANCE PROVIDE VISION COVERAGE?

HEALTH

DOES THE APPLICANT WEAR GLASSES NOW? _____ ARE THE FRAMES IN GOOD CONDITION?____

HAS THE APPLICANT HAD CATARACT SURGERY? _____ DATE OF LAST EYE EXAMINATION _____

EYE DOCTOR'S NAME AND ADDRESS _____

EXPLAIN FULLY ANY OTHER DISABILITIES AND/OR HEALTH ISSUES _____

Jun-03 **<<<<CONTINUED ON THE REVERSE SIDE>>>>** Adult

ALL INFORMATION MUST BE INCLUDED, OR THE APPLICATION WILL NOT BE CONSIDERED

LIST YOUR CURRENT SOURCES OF MONTHLY INCOME

MONTHLY INCOME

YOUR TAKE HOME PAY	$	If you have no income, please explain why.
YOUR SPOUSE'S TAKE HOME PAY	$	
PENSION INCOME	$	
SOCIAL SECURITY OR DISABILITY INCOME	$	
INCOME FROM SAVINGS OR TRUSTS	$	
INCOME FROM ALIMONY/CHILD SUPPORT	$	
SOCIAL SERVICE OR GOV'T ASSISTANCE	$	
Source: _____		
OTHER	$	
Source: _____		
TOTAL MONTHLY INCOME FROM ALL SOURCES	$	

CURRENT BALANCE IN YOUR SAVINGS/CHECKING ACCOUNTS $

MONTHLY EXPENSES

LIST YOUR CURRENT MONTHLY PAYMENTS

MORTGAGE OR RENT	$	If you have no expenses, please explain why.
UTILITIES	$	
PRESCRIPTION MEDICATION	$	
INSURANCE	$	
CAR OR OTHER TRANSPORTATION COSTS	$	
FOOD	$	
CHILD CARE/ALIMONY	$	
MEDICAL BILLS	$	
OTHER EXPENSES	$	
TOTAL OF ALL MONTHLY EXPENSES	$	

DOCTOR OR HOSPITAL BILLS YOU CURRENTLY OWE (PLEASE LIST WHO YOU OWE AND THE AMOUNTS)

PERSONAL

BRIEFLY DESCRIBE YOUR VISION PROBLEM AND HOW AN EYE EXAM AND, IF NEEDED, A NEW PAIR OF GLASSES WILL BENEFIT YOU. SPECIFICALLY NOTE ANY WORK OR SCHOOL RELATED BENEFITS.

HAVE YOU EVER USED "DRUGSTORE" READING GLASSES? (Y/N) _____ WHEN? _____

WHAT RESULTS DID YOU HAVE USING "DRUGSTORE" GLASSES AND WHY ARE YOU UNABLE TO USE THEM NOW? _____

ARE YOU WILLING AND ABLE TO REIMBURSE THE LIONS CLUB? _____ AMOUNT: _____

REF

APPLICANT WAS REFERRED BY

Eye Site Chairman
(referring person's name and title)

Truckee Lions Club
(name of agency/organization/Lions Club)

PO Box 3386 Truckee, CA 96160
(above person's address and phone number)

SINGED

You are authorized to obtain such information as you may require concerning statements made in this application. I/We certify that all statements in this application are true and complete, and request financial assistance from the Washoe County Lions Sight Conservation Committee. If this application is approved, I/we understand the Washoe County Lions Sight Conservation Committee will pay for an eye examination only if needed. Any glasses purchased will be of a basic design, without tinted lenses or expensive frames.

APPLICANT'S SIGNATURE_____ SPOUSE'S SIGNATURE_____

MAIL COMPLETED APPLICATION TO THE ADDRESS ON THE FRONT OF THIS FORM