



**LIONS OF ILLINOIS FOUNDATION  
SOCIAL SERVICE APPLICATION FORM  
EYE GLASSES**

PLEASE PRINT

**Applicant Information**

**Today's Date** \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ IL. Zip \_\_\_\_\_  
 Home Phone# \_\_\_\_\_ Work # \_\_\_\_\_ Sex \_\_\_\_ Male \_\_\_\_ Female

**Assistance Requested** Eye Exam \_\_\_\_\_ Eye Glasses \_\_\_\_\_ BOTH \_\_\_\_\_

Other (sight related) \_\_\_\_\_

**\*If applicant is under 18, parent or guardian must complete the rest of the application.**

Marital Status: \_\_\_\_\_ Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_  
 Are you currently: \_\_\_\_\_ Working/state occupation \_\_\_\_\_  
 Employer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Disabled/nature of disability \_\_\_\_\_  
 Student: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

**\*TOTAL MONTHLY INCOME**

**\*TOTAL MONTHLY EXPENSES**

Wages *or* General Assist. \$ \_\_\_\_\_  
**Other family income** \$ \_\_\_\_\_  
 Pension \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 Social Security/SSI \$ \_\_\_\_\_  
 Food Stamps \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Rent/Mortgage \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Cell phone \$ \_\_\_\_\_  
 Medical \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Food \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Do you have: \_\_\_\_\_ Medical Insurance, *Insurance Co. Name:* \_\_\_\_\_

**IF YOU HAVE INSURANCE YOU MUST GO THROUGH YOUR INSURANCE PRIOR TO RECEIVING ASSISTANCE FROM LIONS.**

**Public Aid:** \_\_\_\_ Yes \_\_\_\_ No

Can you share in costs: \_\_\_\_ Yes, how much \$ \_\_\_\_\_ NO \_\_\_\_\_

The above information is true to the best of my knowledge.

**(must be signed by adult requesting assistance.)**

\*\* If you already have a prescription for eyeglasses, please send a copy with this completed application.

\*\*\* **This process takes approximately 12 weeks for assistance.**

\*\*\* **An incomplete application will not be processed. Income and expenses must be listed. \* Zero amounts must be explained on reverse side.**

**Please return to: LIF 2254 Oakland Dr. Sycamore, IL 60178 ATTENTION: SOCIAL SERVICES  
 To find your local club: [www.lionsclubs.org](http://www.lionsclubs.org)**