



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

PLEASE PRINT

Applicant Information

Today's Date _____

Name _____ **Date of Birth** _____

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**

Wages *or* General Assist. \$ _____

Other family income \$ _____

Pension \$ _____

Unemployment \$ _____

Social Security/SSI \$ _____

Food Stamps \$ _____

Other \$ _____

Total \$ _____

***TOTAL MONTHLY EXPENSES**

Rent/Mortgage \$ _____

Utilities \$ _____

Cell phone \$ _____

Medical \$ _____

Clothing \$ _____

Food \$ _____

Other \$ _____

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: YOUR LOCAL LIONS CLUB, ATTENTION: SOCIAL SERVICES
To find your local club: www.lionsclubs.org**