



LIONS OF ILLINOIS FOUNDATION
SOCIAL SERVICES REQUEST FORM
EYEGASSES

PLEASE PRINT

Applicant Information

Today's Date
Date of Birth

Name
Address
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 700 N. Peace Road, Suite B, DeKalb, IL 60115 ATTN: SOCIAL SERVICES
To find your local club: www.lionsclubs.org