



Loveland Lions Club Eyeglasses Assistance Application

INSTRUCTIONS:

- 1) Complete separate applications for each person needing assistance.
- 2) **Print Clearly** and ensure the writing is legible.
- 3) Complete each question or mark it as N/A (not applicable).
- 4) If you need more space, use the back of the page OR attach additional page(s).
- 5) If homeless, ensure contact information is listed so we can reach you.

SEND COMPLETED APPLICATION: to **LOVELAND LIONS, c/o EYEGLASS COMMITTEE, P.O. BOX 928, LOVELAND, CO 80539.**

Referring Agency:		Staff Member:		Phone #	
Name:		Phone		Age	DOB
If Minor, Parents Name					
Good Mailing Address		City		Zip Code?	
Home Address (If different)		City		Zip Code?	
<input type="checkbox"/> Own home <input type="checkbox"/> Rent home <input type="checkbox"/> Homeless Other:				How long have you lived there?	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced If married, spouse Name: How many are Living with the Applicant					
List any vehicles you have:					
Do you have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have vision insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No What company?			
Have you previously worn glasses? Yes <input type="checkbox"/> No <input type="checkbox"/> How long since you last saw an eye doctor? What would you like assistance with? Eye Exam <input type="checkbox"/> Eyeglasses <input type="checkbox"/>					
TOTAL MONTHLY INCOME		\$	TOTAL MONTHLY EXPENSE:		\$
<p>I verify that the above information is complete and accurate: X _____</p> <p style="text-align: center; margin-left: 300px;">Signature</p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 100px;">Date</p>					
<p>CONTACT LIONS: Call Gerry at 970-278-6754 if you have questions about completing the application.</p> <p>NEXT STEPS: The committee meets monthly and will notify you after your application has been reviewed.</p> <p>You will be notified by mail of the committee's decision and next steps.</p>					

MONTHLY TOTAL INCOME AND EXPENSES WORKSHEET
 (Optional tool for completing application)

Applicant's Monthly Income			Applicant's Monthly Expense			
Combined Family Wages	Monthly gross Income (before taxes and withholding)	\$	Rent/Mortgage	\$	Life Insurance	\$
	Net Income (Take Home)	\$	Food (not including SNAP)	\$	Health Insurance	\$
Other Income/Assistance			Utilities/Gas-Electricity-water	\$	Auto Insurance	\$
<i>Program</i>	Monthly Amount Received	How long receiving Benefits?	Telephone/cell	\$	Car Maintenance/Gas	\$
SSI	\$		Cable/Satellite TV	\$	Auto Payments	\$
ADC	\$		Clothing	\$	Storage	\$
OAP	\$		Medical/Pharmacy	\$		\$
Unemployment	\$		Dental	\$		\$
Other Income	\$		Loans/Credit Cards		Balance	Payment
Free-School Lunch Program? <input type="checkbox"/> Yes <input type="checkbox"/> No					\$	\$
SNAP? <input type="checkbox"/> Yes <input type="checkbox"/> No How Much? \$					\$	\$
					\$	\$
TOTAL MONTHLY INCOME			TOTAL MONTHLY EXPENSE:			
\$			\$			