



Ames Lions Club Eyeglass Assistance Application Information



Applicant's Name: _____ Name of Parent (if applicant is a child): _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Cell Phone: _____

Email address: _____

State the reasons why you cannot afford an eye exam or eyeglasses?

Are you able to pay for part of this expense? Please circle Yes / No How much? _____

Date of Last Eye Exam: ____/____/____ Eye Doctor: _____

Provide a signature below of an Ames Lions Club Member, Social Service Professional, Clergy, Teacher or Employer, etc. having first-hand knowledge of the financial need indicating their approval that this request for financial assistance should be granted.

Name	Phone (or email)
Agency	Position
Signature	Date

Applicant Must Read and Agree to the following Statement:

I understand that the Ames Lions Club sight assistance program is not connected with any Federal or State public assistance program, nor is this assistance program connected with Lions International. I also understand that the Ames Lions Club has a limited budget for the purpose of funding this program and I agree to hold the Ames Lions Club harmless if my application cannot be approved or funded. If my application is approved, I understand that the amount of assistance provided by the Ames Lions Club will be limited to the amount agreed on by the Ames Lions Club Health committee. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services rendered or the approval / denial application process.

Signature of Applicant (or parent if applicant is a child) _____
Date

LIONS CLUB USE ONLY

Date received: _____

Approved / Denied by: _____ **Date approved / denied:** _____

Notes / reasons for approval / deny
