

Fairbury Lions Club

Vision Assistance Request



APPLICANT INFORMATION			
Name		Date of Birth	
Address		Gender	
City		Primary Phone	
State	Zip Code	Work Phone	
If applicant is under 18, parent or guardian must complete the rest of the application			
ASSISTANCE REQUESTED			
Eye Exam ____ Eye Glasses ____			
FINANCIAL INFORMATION			
Number of dependents	Ages of dependents		Marital Status
____ Working	Employer Name		
Occupation/Job Title below	Employer Address		
	Employer Phone		
____ Disabled	Nature of disability		
____ Student	____ Full-time Student	____ Part-time Student	
Total Monthly Income		Total Monthly Expenses	
Wages or General Assist.	\$	Rent/Mortgage	\$
Other Family Income	\$	Utilities	\$
Pension	\$	Cell Phone	\$
Unemployment	\$	Medical	\$
Social Security/SSI	\$	Clothing	\$
Food Stamps	\$	Food	\$
Other	\$	Other	\$
TOTAL	\$	TOTAL	\$
Medical Insurance Company Name			or ____ None
Public Aid? ____ Yes ____ No	How much can you share in costs? \$ _____		or ____ None
CERTIFICATION			
How were you referred to the Fairbury Lions Club?			
If you already have a vision prescription, please send a copy with this completed application.			
Incomplete applications will not be processed. Income and expenses must be listed. Explain zero amounts here:			
The above information is true to the best of my knowledge:			
_____			_____
Signature			Date