



## DURANT LIONS CLUB

### EYEGLOSS ASSISTANCE APPLICATION

#### Applicant's

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth \_\_\_\_\_ If Native American CDIB Card # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Applicant's Occupation \_\_\_\_\_ Name of  
Employer \_\_\_\_\_

Applicant's earnings from Employment (net income) \$ \_\_\_\_\_

All other monthly income: Welfare Payments, Child Support \$ \_\_\_\_\_

Pensions, Retirement, Social Security \$ \_\_\_\_\_, Unemployment,

Worker's Comp \$ \_\_\_\_\_ Any Other Income \$ \_\_\_\_\_.

List all household members and ages: 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

List additional names on back.

I have lived in Bryan County for \_\_\_\_\_ years.

Family Physician \_\_\_\_\_ Family Eye Doctor \_\_\_\_\_.

Are you able to pay any part of this expense? Yes \_\_\_ No \_\_\_

If so, When? \_\_\_\_\_ How much ? \$ \_\_\_\_\_.

Have you applied with any other organization for help with this expense? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, whom? \_\_\_\_\_

Do you (applicant) have Medicare? Yes \_\_\_ No \_\_\_

Do you (applicant) have Medicaid? Yes \_\_\_ No \_\_\_

Whom may we thank for referring you to the Lions Club?

\_\_\_\_\_

I hereby testify that the above information is true, correct and complete to the best of my knowledge. False information will result in non-approval of this application. I give permission for the release of pertinent information to the Members of the Durant Lions Club Eyeglass Committee.

Signature of Applicant, or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Mail completed form to: Durant Lions Club, P.O. Box 1196, Durant, Ok, 74702. Your application must be approved by Durant Noon Lions Club. If approved, you must make your appointment with one of our Durant optometrist partners. If you have any questions, please contact George Clark at 580-920-4915, email [George@firstunitedbank.com](mailto:George@firstunitedbank.com) or Diane Nelson at 580-924- 0022.

**For Lions Club Use only:**

**Committee Members:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Y N**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Y N**