

P. O. BOX 49

La Joya, Texas 78560

	Ph. Home #:			
Mother:				
School Name:				
Number of Children:	Age:,	_,,	_,,	_,,
How Many in School:	Age/Grade:		,	
Father's Occupation:		Income \$	Wkly: \$	BiWkly:
Place of Employment:				
Mother's Occupation:		Income \$	Wkly:\$	BiWkly: \$
Place of Employment:				
FINANCIAL ASSISTANCE				
Medicare \$Medicaid \$_	Food Stamps \$	Child Supp	ort \$Ali	mony \$
EXPENSES:				
Rent \$Light\$Water:\$	House Payment \$	Car Payme	ent \$Othe	r Expenses: \$
Person Making Referral: Comments:				
Cut\$90.00 VOUCHER	LA JOYA LION P. O. B	S CLUB		
	La Joya, T			
Basic exam & B	Basic Eye Glass Package (incli	uding basic frame	& lenses) CR39	
	*** Additional Fees will be			
Student Name:		School N	Name:	
Student D.O.B:	Student ID #:			_
Approved:	X) Date			
Disapproved:				
Reason for Disapproval:PRESIDENT'S SIGNATURE				



LA JOYA LIONS CLUB P. O. BOX 49 La Joya, Texas 78560

LIONS CLUB GUIDELINES FOR SERVICES

Application must be filled out by campus nurse or nurse assistant *only*Application Must be complete before it is Email and faxed to:

<u>District Nurse Secretary: Alicia Olivares / Email:</u>
a.olivares@lajoyaisd.net

Family must provide all pertinent data pertaining to income

(Such as; child support, alimony, unemployment, food stamps, welfare)
How many family members in the family of children, parents
Child can only be served through one source either by school district funds or by Lions Club
Child can be served only once during the entire school year.
If a child loses eye glasses they need to be replaced by the parents.
If a family has only 1 child then the family has to provide the glasses for the child.
Only 1 family member will be served through Lion's Club funds.