



Caldwell Lions Club

PO Box 236
Caldwell, ID 83606



APPLICATION FOR VISUAL CARE

PLEASE FILL OUT ENTIRE APPLICATION AND PLEASE PRINT

Name of Applicant: _____ Date of Application: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Phone: _____
Date of last Eye Health Exam: _____ Name of Parent or Guardian: _____

Family Monthly Income

Salary after taxes _____
Social Security Benefits _____
Veterans Benefits _____
Aide to Dependent Children _____
Child Support _____
Food Stamps _____
Other (please list) _____

Total Monthly Income _____

Family Monthly Expenses

Rent/Mortgage _____
Car Payment/car expenses _____
Utilities _____
Food _____
Insurance _____
Medication/Doctor _____
Other (please list) _____

Total monthly Expenses _____

Number of people in Household: _____

Do you have a current Medical Card?

Yes

No

Have you ever applied for a Medical Card?

Yes

No

Do you have any Medical or Vision Insurance?

Yes

No

List all current diagnosed medical conditions: _____

Reason for requesting assistance? _____

Who referred you to the Lion's Club? _____

Certification: I **Certify that the above information is complete and accurate to the best of my knowledge and belief.**

(Signature of Applicant, Parent or Guardian)

Applications are reviewed the Third week of every Month.

Please return complete application to:
Sight Conservation Chairperson
Caldwell Lions Club
PO Box 236
Caldwell, ID 83606

To be completed by Sight Chairperson Only
Lions Club Approved () Disapproved ()

Signature: _____ Date: _____