

Waycross Lions Club Vision Services Application

Dear Applicant:

Thank you for contacting the Waycross Lions Club for assistance with either your eye exam and/or eyeglasses. We will provide people who are either uninsured or underinsured with exams and brand new eyeglasses. If approved, you will be able to receive a complete eye exam (if needed), and a high quality pair of single vision or bi-focal eyeglasses. Because we have limited resources available, we do not provide for contact lenses, progressive or transitions lenses, or sunglasses.

After you have mailed back your application to the Waycross Lions Club, we will either approve or deny your application. Once that occurs, you will receive a letter in the mail stating the next step to receive your exam and/or glasses. Please wait approximately 3 weeks to hear a response from the Lions Club. After that, you may call the Lions Club regarding the status of your application.

Make sure you fill out the application form completely and include the required documents. Forms that are not completed could cause your application to be delayed or denied. Make a copy of the application for yourself and mail the original to the:

**Waycross Lions Club
PO Box 854
Waycross, GA 31502**

1. Identification (Please provide a copy of one of the following):

- a. GA Driver's License
- b. State of GA Identification Card
- c. GA birth certificate, **or**
- d. Voter's Registration Card

2. Proof of Residency (Please provide a copy of one of the following):

- a. Lease Contract (if renting)
- b. Mortgage Statement if you own your home
- c. Referral from shelter or transitional home, **or**
- d. Referral from nursing home

3. Proof of Income: Household income must include all persons residing at the applicants address.

Please provide a copy of the following information for everyone living at the applicants address:

Last years Tax Return

AND

any of the following that apply

- a. Three current pay check stubs
- b. Social Security Administration Award Letter
- c. Food Stamp Papers from Family & Children Services (award summary notification)
- d. Unemployment claim, if unemployed – wage inquiry statement from GA Dept. of Labor
- e. Information indicating the applicant is receiving TANF, Social Security Disability, Pension, Retirement, Veterans Administration Benefits, or any other sources of income
- f. Last three months of bank statements **and/or**
- g. Letter from nursing home stating income benefits

4. Copy of your current prescription. Medicaid and Medicare usually cover an annual vision exam. Your prescription needs to be less than one year old and signed by a doctor.

SIGHT SERVICES: FINANCIAL INFORMATION

22. List monthly income received by you and all persons living at your address. **** (Please include proof of monthly income as instructed on page one)**** If person works list Employer and Monthly Salary. List all Benefits received by each person in the household: Supplemental Security Income (SSI), Social Security Disability (SSDI), Social Security, Food Stamps, Welfare, Veteran's Benefits (VA), Pension, Retirement Benefits, Child Support, or Other Income.

| Name | Source of Monthly Income | Amount(\$) of Monthly Income |
|----------|--------------------------|------------------------------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |
| 5) _____ | _____ | _____ |
| 6) _____ | _____ | _____ |

21. List monthly expenses:

- | | | |
|---|-----------------------------|---------------------------|
| a) Rent or Mortgage: \$ _____ | b) Gas(home): \$ _____ | c) Power: \$ _____ |
| d) Water/Sewage: \$ _____ | e) Food \$ _____ | f) Medicine \$ _____ |
| g) Phone: \$ _____ | h) Auto Payment \$ _____ | i) Credit Cards \$ _____ |
| j) Insurance (Life, Health, Car): \$ _____ | k) Other expenses: \$ _____ | l) Medical Debt: \$ _____ |

SIGHT SERVICES: WAYCROSS LIONS CLUB STATEMENT

Applicant Must Read and Sign This Statement:

"I fully understand Waycross Lions Club services are limited to legal GA residents unable to pay for, or receive from other sources this assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services rendered. I understand my application will be reviewed by a Lions Club. ALL INFORMATION ON AND ATTACHED TO THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE."

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

Date

Witness (if applicant signs with an "X")

Date