



LIONS OF YAVAPAI VISION SERVICES APPLICATION FOR EYE CARE ASSISTANCE

Lions Club assisting this person - **Prescott Noon Lions**

Lions Club contact information - **P.O. Box 2215, Prescott, AZ 86302-2215**

Applicant Information

Name _____ Date _____

Address _____ Phone _____

City _____ Zip Code _____ Email _____

Gender _____ Date of Birth _____ Contact Person _____ Requesting

Assistance for: Exam, Glasses, Surgery, etc. _____

_____ Last Lions Eye Care Assistance _____

Household Information

Persons in Household: Adults _____ Children _____

Monthly Household Income for All Persons _____ Monthly Expenses _____

All Medical and Vision Insurance, including AHCCCS _____

Please copy all insurance cards even if you do not know if they cover eye care.

You must provide copies of proof of income.

Such as: first two pages of last income tax, pay stubs, W2, SS award letter, or other acceptable. If unemployed, please include a signed reference letter from a responsible community member who can verify your situation, such as a pastor, shelter manager, or counselor.

Release

I, for myself, my heirs, personal representatives, executors, administrators, and assigns, on behalf of the patient, if the patient is other than myself and I am the responsible party for the patient, waive, release and forever discharge the Lions Sight and Hearing Foundation (including specifically, but not limited to, the Melvin Clack Advisory Committee), the Lions organizations of Arizona, and each of their respective officers, directors, agents, representatives, successors, and all cooperating entities (medical providers etc.) and individuals from all claims, losses, and damages which now exist or may hereafter arise in connection with my and/or the patient's acceptance of assistance from the Melvin Clack Fund Advisory Committee or other Lions entities. I also give my permission for release of health care information to/from the provider of any and all service for billing and authorization inquiries.

Signature _____ Date _____ **Send**

application with copies of insurance and income to the Lions Club above.

Action Date _____ Club Action _____ Years since Lions assisted client _____

Please use the most recent form. Check with an LOY representative. This form is **version 10/11/18**

Income Qualified Approve Club Fund Sent Club letter to client

Income Disqualified Disapprove Clack Fund Sent to Clack Fund

Clack Fund notified Lions Club contact if this application was disapproved