# LIONS OF YAVAPAI VISION SERVICES
# APPLICATION FOR EYE CARE ASSISTANCE

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

Lions 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 _____

List unusual or extraordinary expenses or circumstances on an attached separate sheet

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 Arizona Lions Vision & 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 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 Lions organizations. 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 6/12/23**

☐ Income Qualified ☐ Approve ☐ Club Fund ☐ Club notified client

☐ Income Disqualified ☐ Disapprove