



Roseburg Lions Club
 PO Box 686
 Roseburg, OR. 97470
 541-229-6358



Application for Vision Assistance

Request for: Eye Exam; _____ Glasses _____

(If surgical assistance is needed for vision or audio-logical problems, please ask the Lions Club Sight and Hearing Chairman about the Patient Care Program).

Applicant Name: _____ **DOB:** _____
 If minor, parent/Guardian: _____ **Relationship:** _____
Physical Address: _____
 City, State, Zip: _____
Mailing Address: _____
 City, State, Zip: _____
 Phone: _____ **Alt #:** _____
 Length of OR residency: _____
 Occupation/Employer: _____
Applicant Signature: _____ **Date:** _____
 (or Parent/Guardian): _____

Please list all family members dependent on income who live with the applicant (include age and relationship):

- 1) _____ 4) _____
 2) _____ 5) _____

Does applicant have (circle): Insurance Medicare Oregon Health Plan Other

Please provide Proof of income.

Monthly Gross Income <i>(Income before taxes & deductions)</i>		Monthly Expenses <i>(Average from month to month)</i>	
Salary of Applicant:	\$ _____	Rent/Mortgage:	\$ _____
Salary of Spouse:	\$ _____	Utilities:	\$ _____
Salary of Parent/Guardian:	\$ _____	Food:	\$ _____
Social Security Benefits:	\$ _____	Phone:	\$ _____
Disability Benefits:	\$ _____	Medicine:	\$ _____
Retirement Pension:	\$ _____	Car/Transportation:	\$ _____
Unemployment Benefits:	\$ _____	Child Care:	\$ _____
Investments:	\$ _____	Home Insurance:	\$ _____
Income from other family:	\$ _____	List Charge Cards:	\$ _____
Child Support/Alimony:	\$ _____		\$ _____
Food Stamps:	\$ _____		\$ _____
Other Income:	\$ _____	Other:	\$ _____
Total Monthly Income:	\$ _____	Total Monthly Expenses:	\$ _____

Return Form(s) to: Sight & Hearing Committee Chairperson / Diana Stewart
 Roseburg Lions Club
 PO Box 686
 Roseburg, Oregon 97470 Email: roseburglions@hotmail.com

To Be Completed by Lions Club:

Date Approved:	Referred to:	Phone:
Date Bill Received:	Cost:	Date Bill Paid: