

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 Hearing Chairman about the Pati		ogical problems, please ask the Li	ons Club Sight and
Annlicant Name		DOB:	
	DOB: Relationship:		
Physical Address:			
City, State, Zip:			
•			
	Email:		
	Eman		
Applicant Signature:	Date:		
(or Parent/Guardian):			_
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,		/	
Does applicant have (circle):	Insurance Medic	care Oregon Health Plan	Other
Please provide Proof of income a	and/or food stamps We	will NOT process your application	n without this.
M. All C	T	M. All E	
Monthly Gross Income (Income before taxes & deductions)		Monthly Expenses (Average from month to month)	
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:	\$
	earing Committee Cha	nirperson / 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: