



Lions Eyeglass Assistance Program

FOR USE BY LIONS CLUBS ONLY



Oregon Lions
Sight & Hearing Foundation

Applicant: Complete Sections 1, 2, 3, and 4 and submit this application along with any requested documentation to the Lions Club listed in Section 5.

You will be notified of your application status by the Lions Club Volunteer.

Applications are generally processed within several weeks but are dependent on staff and volunteer availability. Your patience with this volunteer driven effort is appreciated.

Upon qualification, you are eligible for clear plastic single vision, lined bifocal or lined trifocal lenses.

Section 1: Applicant Information (please print)

Request for: Eye Exam and glasses Glasses only (I have a current prescription)

| | | | | | |
|--|------------------------------------|---|----------|-------------------------|-------|
| Applicant First Name | | Applicant Last Name | | Applicant Date of Birth | |
| Home Address | | | Apt. # | Phone | |
| City | | State | Zip Code | Email Address | |
| Mailing Address (If Different from Home Address) | | | City | | State |
| Zip Code | | | | | |
| Number of People in household? | How long have you lived in Oregon? | If you have a social security number, please provide the last 4 digits only: _ _ _ _ | | Occupation: | |

PLEASE NOTE: YOUR APPLICATION WILL NOT BE REVIEWED UNLESS PROOF OF INCOME IS INCLUDED.

You MUST provide valid documentation showing proof of income for your household. This could include: pay stubs from the last 2 recent pay periods, current DHS/TANF/SSI/Disability award letters or awards letters from other government or state assistance programs.

Section 2: Insurance and Financial Information

| Insurance coverage | MONTHLY GROSS INCOME (before taxes and deductions) | | MONTHLY EXPENSES (month to month) | | You must verify your total income by presenting all of the following that you receive: |
|---|--|----|-----------------------------------|----|---|
| <input type="checkbox"/> Private Insurance | Applicant Wages | \$ | Mortgage/Rent/Utilities | \$ | <input type="checkbox"/> Applicant Paystub |
| <input type="checkbox"/> Medicare | Spouse/Domestic Partner's Wages | \$ | Groceries/Fuel | \$ | <input type="checkbox"/> Spouse/Domestic Partner's Paystub |
| <input type="checkbox"/> Oregon Health Plan | Welfare Benefits | \$ | Car Payment/Insurance | \$ | <input type="checkbox"/> Welfare Benefit documentation |
| <input type="checkbox"/> Veteran's | Social Security/Disability | \$ | Medical/Prescriptions | \$ | <input type="checkbox"/> Social Security/Disability documentation |
| <input type="checkbox"/> Vision Insurance | Food Stamps | \$ | Credit Cards | \$ | <input type="checkbox"/> Food Stamps documentation/EBT Must present benefit letter from DHS |
| <input type="checkbox"/> Other | Other | \$ | Other | \$ | <input type="checkbox"/> Other: |
| <input type="checkbox"/> None | Total Monthly Income | \$ | Total Monthly Expenses | \$ | |

You are required to check with your insurance provider regarding vision coverage within your plan. If you do not have insurance, you are required to seek out insurance eligibility before applying with your Lions Club.





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Section 3: Authorization for Release of Information

Purpose for disclosure:

The undersigned is requesting charitable assistance from the Lions Clubs of MD-36 and the Oregon Lions Sight & Hearing Foundation. Only provided financial and medical information will be used to determine eligibility to receive assistance.

I hereby agree to participate in and give the Oregon Lions Sight & Hearing Foundation permission to use general interest information/quotes/photographs of myself for publicity, promotion, news releases, videos, and web use of the Oregon Lions Sight & Hearing Foundation. I hereby release and discharge the Oregon Lions Sight & Hearing Foundation from any and all claims arising out of the use of the above stated purposes that I may have in this regard.

I understand that I may revoke these authorizations in writing at any time by faxing a signed and dated letter to (503) 413-7522, except to the extent that the organization(s) named above have taken action in reliance on this authorization. I have had the opportunity to read and consider the contents of this authorization.

I authorize the Lions Club listed in Section 5, the Oregon Lions Sight & Hearing Foundation and their qualified partners to receive verification of my financial information and relevant medical documents.

Applicant or Guardian Signature

Date

Section 4: Fitting Fee Agreement

By signing below, I agree to give a \$20.00 copay at the time of my fitting with the provider. This charge will not be paid by the club, unless I have zero income and provide sufficient documentation proving zero income.

Print First Name

Print Last Name

Phone Number

Applicant or Guardian Signature

Date



We Need Your Help! Please share your story with us.
E-mail us at Info@OLSHF.org or attach a separate piece of paper.



Applicants, do not write below this line. Section 5 is for volunteer Sight & Hearing Chair use only.

If no Lions Club information is provided, call (971) 270-0203 or email LionsClubsReferrals@OLSHF.org

Section 5: Lions Club Contact Information

Lions Club

Sight & Hearing Chair

Telephone

Mailing Address

City

State

Zip Code

E-mail Address

Please check here if using OLSHF's Optical Program and the LEAP Lab _____

