

Spartanburg Lions Club

Application for Glasses

For consideration, form must be complete

**Please List All Household Expenses & Monthly Amounts on Back

Date: _____

Personal Information

Applicant's Name: _____ Age: _____

Complete Street Address: _____

Mailing Address (if different): _____

Phone #: _____ Marital Status: _____

Has the Lions Club helped you in the past? _____ Yes _____ No _____ When? _____

Employment/Income Information

Are you employed? _____ Yes _____ No Employer/Occupation _____

Monthly wages (Net) \$ _____ Unemployment Benefits \$ _____

Are you Disabled? _____ Yes _____ No

Are you receiving Social Security Benefits? _____ Yes _____ No \$ _____ Amount

Do you own your home? _____ Yes _____ No Monthly Rent? \$ _____

Are you receiving State or Public Housing Assistance? _____ Yes _____ No

Medicaid? Yes No Medicare? Yes No Vision Insurance? Yes No

Needs Assessment

Do you wear glasses now? _____ Yes _____ No

If so, are the frames usable? _____ Yes _____ No

Have you had an eye exam before? _____ Yes _____ No If yes, by Whom? _____

Do you need an eye exam? _____ Yes _____ No

Do you need glasses? _____ Yes _____ No

Household Income and Expense Information

Father/Husband's name: _____

Employer: _____ Monthly Wages (Net): \$ _____

Social Security: \$ _____ SSI: \$ _____ VA: \$ _____ Pension: \$ _____ Other: \$ _____

Mother/Wife's name: _____

Employer: _____ Monthly Wages (Net): \$ _____

Social Security: \$ _____ SSI: \$ _____ VA: \$ _____ Pension: \$ _____ Other: \$ _____

Other Income Earners: _____ Monthly Wages (Net): \$ _____

Social Security: \$ _____ SSI: \$ _____ VA: \$ _____ Pension: \$ _____ Other: \$ _____

Are there any children living in the home? _____ Yes _____ No

If so, how many? _____ Ages: _____

Child(ren) receiving SSI and/or Social Security? _____ Yes _____ No If yes, amount? \$ _____

Child(ren) receiving AFDC? _____ Yes _____ No If yes, amount? \$ _____

Child Support Amount? \$ _____ Receiving Food Stamps? _____ Yes _____ No

For consideration, form must be complete. All household members and income must be included. This does not apply to applicants in nursing homes, residential care facilities, missions or safe homes. Back of form may be used for additional information or comments. Applicants will be notified of decision by mail. Applications should be sent to:

**Spartanburg Lions Club
Sight Conservation Committee
PO Box 647
Spartanburg, SC 29304**

For Lions Committee Use:

Decision: _____

Amount: \$ _____

Referred to: _____