



Freeport Lions Club Application for Eyeglasses

Eye contact: Dave Harris (cell) 756-4565 or Pauline Harris (home) 865-3667

Thank you for contacting District 41 Lion's regarding your need for eyeglasses. We are anxious to assist you in this regard. Please fill out this brief form to assist our Lion's in determining whether or not we can help you.

Clients name **Age**

Address

City **State** **Zip** **Telephone #**

Do you have a recent prescription for glasses: Yes No

(State law requires than an examination by a registered eye care provider be given within one year before new lenses can be made.)

 Name of your Optometrist/Ophthalmologist

 Address City Telephone #

Are you eligible for Medicaid? Yes No

Are you eligible for Medicare? Yes No

Are you presently receiving food stamps? Yes No

Note: If you are a Medicaid recipient, DHS provides eyeglasses to children under the age of 20.

Have you received eyeglasses through the Lion's Club Program in the past? Yes No

If yes, when? _____ What club? _____

Please explain on back of this form your situation and why you feel that you require our assistance. Information such as income, housing, disability, and special circumstances will be helpful. All assistance shall be provided at our discretion.

I hereby affirm that the information provided in this application is true to the best of my knowledge. I understand that you may seek confirmation of the information presented to determine the extent of need.

Signature _____ Date _____

Please return completed form to the address below

FREEPORT LIONS CLUB
 P.O. BOX 195
 FREEPORT, MAINE 04032
<http://freeportme.lionwap.org/>
freeport_lions@coconetme.org