

# Lions Club Application Instructions

**Fill out both pages of the application completely, leave no blanks.**

Return the completed application to Fairfield County 2-1-1 at 108 W. Main Street, Suite C, Lancaster, Ohio, 43130. Include the following documentation:

- Proof of income for everyone in the household
- Proof of address (example: a utility or phone bill)
- Valid Picture ID & Social Security Card for all household members

**NOTE: You application will NOT be processed without ALL of the above mentioned documentation and it cannot be processed if there are any blanks on the application.**

Once you have completed the application and provide Fairfield County 2-1-1 with all necessary documents, a caseworker will review the applications and submit it to the Lions Club for final approval.

This process can take up to 4-6 weeks.

When the caseworker receives an answer concerning your application, you will be contacted by telephone. Please make sure that a valid phone number is listed.

If you have any questions, please feel free to call Fairfield County 2-1-1 by dialing 2-1-1 or 740.687.0500.



# Lancaster Lions Club Application

Applicant Name: \_\_\_\_\_

(If Child) Legal Guardian's Name: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please answer the following questions to the best of your knowledge.**

1. Do you have Medicaid? yes or no
2. Do you have eye care insurance? yes or no
3. What is the nature of your eye problem? \_\_\_\_\_  
\_\_\_\_\_
4. What is the reason you need an eye exam and/or glasses? \_\_\_\_\_  
\_\_\_\_\_
5. Do you currently wear glasses? yes or no
6. If Yes, date purchased \_\_\_\_\_ Doctor \_\_\_\_\_
7. Name of current eye doctor \_\_\_\_\_
8. What are you requesting from the Lions Club Glasses Exam Both
9. If glasses are needed, can you pay for the exam? yes or no
10. Have you had an eye exam yet? yes or no
11. Have you ever applied for glasses thru the Lions club? Yes or no  
If YES, when was the date of the applications? \_\_\_\_\_  
Were you approved or denied? \_\_\_\_\_
12. How many people live in your home? \_\_\_\_\_

Please list the names and ages of all people living in your home, including children

NAME	AGE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**13. What is your monthly Income (Please list all sources)**

<b>Applicant</b>	<b>Other Adult</b>
Employment: _____	_____
ADC: _____	_____
SSI/SSID: _____	_____
Food Stamps: _____	_____
Other: _____	_____
<b>TOTAL INCOME:</b> _____	_____

**14.** Name of employer \_\_\_\_\_ How long? \_\_\_\_\_

Name of previous employer \_\_\_\_\_ How long? \_\_\_\_\_

**15. Please List all of your monthly Expenses:**

Mortgage/Rent _____	Cable/Internet _____
Utilities _____	Health Insurance _____
Electric: _____	Prescriptions _____
Car Payment _____	Doctor/Hospital Bills _____
Gasoline (Auto) _____	Charge Cards _____
Insurance (Auto/Home/Life) _____	Other _____
Groceries/Household Goods _____	Other _____
Phone (Home and Cell) _____	<b>TOTAL MONTHLY EXPENSES</b> _____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With my signature, I certify that the information contained within this application is true and accurate to the best of my knowledge. My signature also allows Fairfield County 2-1-1 permission to release information necessary to process this application.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The information requested is required by the Lancaster Lions Club for their use in determining assistance based on this request. Approval and or denial of any and all request is based on availability of funding and at the discretion of the Lancaster Lions Club. Completion of this for does NOT guarantee approval of assistance. Any and all appointments and bills must be approved by the Lancaster Lions Club.

**DISCLAIMER:** Lenses provided are plastic lenses and we cannot provide lenses with anti-reflective coating and transition lenses with this program. You CANNOT pay the difference.