



Norwalk Lions Club  
P.O. Box 92  
Norwalk, OH 44857

## Eyeglass Assistance Request

Applicants Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Average Monthly Income: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Spouse: \_\_\_\_\_ Employer: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Do you have Medicare, Medicaid, or other insurance through the state or from any other sources: \_\_\_\_\_

How many children in your immediate family: \_\_\_\_\_ Do you wear glasses: \_\_\_\_\_

Can you afford to help pay for your glasses? A schedule can be instituted for repayment so others may also be assisted.

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If applicant is under age 18 please answer the following:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

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A \$120.00 maximum will be paid for eye exam and lenses.

*By signing this form we consent to any investigation that may be necessary by the Lions Club.*

*Applicants Signature* \_\_\_\_\_

*Father Signature* \_\_\_\_\_ *Mother Signature* \_\_\_\_\_

**This form must be presented to the examining doctor prior to the examination or the Lions Club will not honor the bill!!**

*Mail application to Norwalk Lions Club, P.O. Box 92, Norwalk, OH 44857*

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Approval by Eyeglass Committee: \_\_\_\_\_