



LIONS OF ILLINOIS FOUNDATION
SOCIAL SERVICES REQUEST FORM
EYEGASSES

PLEASE PRINT

Applicant Information

Today's Date
Date of Birth

Name
Address
City IL. Zip
Home Phone# Work # Sex Male Female

Assistance Requested Eye Exam Eye Glasses BOTH

Other (sight related)

*If applicant is under 18, parent or guardian must complete the rest of the application.

Martial Status: Number of Dependents Ages
Are you currently: Working/state occupation
Employer Name
Address
Phone #
Disabled/nature of disability
Student: Full Time Part Time

*TOTAL MONTHLY INCOME

*TOTAL MONTHLY EXPENSES

Wages or General Assist. \$
Other family income \$
Pension \$
Unemployment \$
Social Security/SSI \$
Food Stamps \$
Other \$

Rent/Mortgage \$
Utilities \$
Cell phone \$
Medical \$
Clothing \$
Food \$
Other \$

Total \$

Total \$

Do you have: Medical Insurance, Insurance Co. Name:

IF YOU HAVE INSURANCE YOU MUST GO THROUGH YOUR INSURANCE PRIOR TO RECEIVING ASSISTANCE FROM LIONS.

Public Aid: Yes No

Can you share in costs: Yes, how much \$ NO

The above information is true to the best of my knowledge.

(must be signed by adult requesting assistance.)

** If you already have a prescription for eyeglasses, please send a copy with this completed application.

*** This process takes approximately 12 weeks for assistance.

*** An incomplete application will not be processed. Income and expenses must be listed. * Zero amounts must be explained on reverse side.

Please return to: LIF 700 N. Peace Road, Suite B, DeKalb, IL 60115 ATTN: SOCIAL SERVICES
To find your local club: www.lionsclubs.org



Lions of Illinois Foundation

Social Services

CONSENT FOR SERVICES

I, _____, understand that if I am selected as a candidate by my local Lions Club, prior to receiving any payment assistance, I must authorize my diagnostic and treating healthcare providers to release certain personally identifiable health care information (PHI) about me to the Lions of Illinois Foundation who will be processing payment for my services and devices on behalf of my local Lions Club.

I also understand that if I fail to authorize such release of my PHI, that payment may be delayed or denied, and services may be delayed. I consent to be contacted by the Lions of Illinois Foundation if there is an issue with my authorization and agree to complete such paperwork as the Lions of Illinois Foundation and/or my healthcare provider may require to give effect to this authorization.

Signature

Date