

**Fayetteville Lions Club**  
**P.O. Box 217**  
**Fayetteville, Tennessee 37334**  
**Application for Eye-care Assistance** W

Applicants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ (Applicant must be a Lincoln County resident)

Social Security number: \_\_\_\_\_

If applicant is 19 years of age or older, please complete this section.

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number of dependents: \_\_\_\_\_

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

Employer's Address: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer of Spouse: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Home Address of Spouse: \_\_\_\_\_

If applicant is 18 years old or younger, please complete this section.

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Applicant is a student at: \_\_\_\_\_

Number of other family members in this household: \_\_\_\_\_

Enter in this section the combined income, from all sources, of the applicant and/or all persons having responsibility for the applicant.

Wages & Salaries \$ \_\_\_\_\_ Unemployment Comp. \_\_\_\_\_ Welfare \_\_\_\_\_

Workman's Comp. \_\_\_\_\_ Social Security \_\_\_\_\_ Veteran's \_\_\_\_\_

Alimony or Child Support \_\_\_\_\_ Military Allotments \_\_\_\_\_

Pension \_\_\_\_\_ Self Employment \_\_\_\_\_ TOTAL INCOME: \$ \_\_\_\_\_

Income is received: Weekly ( ) Bi-Weekly ( ) Monthly ( )

Are you diabetic? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have TennCare? \_\_\_\_\_  
Do you have Americhoice? \_\_\_\_\_ or Amerigroup? \_\_\_\_\_

If patient receives AFDC or SSI, please give Medicaid # \_\_\_\_\_

Do you own or rent your home? Own \_\_\_\_\_ Rent \_\_\_\_\_

If renter, list: Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Landlord \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Has the applicant received assistance from the Lions Club before? \_\_\_\_\_

If yes, describe the type of assistance and date. \_\_\_\_\_

I would like to see Dr. \_\_\_\_\_ for my eyecare.

The information contained in this application is true and correct to the best of my knowledge. I hereby grant to the Fayetteville Lions Club, permission to verify any information contained herein.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant, Parent or Guardian)

**THIS APPLICATION IS FOR BASIC EYECARE UNDER THE FAYETTEVILLE LIONS CLUB SIGHT CONSERVATION PROGRAM. ALL APPLICANTS WILL BE INDIVIDUALLY REVIEWED AND A DETERMINATION MADE ON THE INFORMATION GIVEN IN ACCORDANCE WITH ESTABLISHED GUIDELINES.**

Persons who are under 21 years for age may be elligible for assistance under the Medicaid Program. The Lions Club requires qualifying applicants to apply for assistance through the Medicare or Medicaid program prior to receiving assistance from the Lions Club. W