

WAMEGO LIONS CLUB
611 Vine Street
WAMEGO, KANSAS 66547

Application For Financial Assistance With Sight Examination And/Or Purchase Of Eyeglasses
****Confidential****

Name _____ Age _____
Street _____ City/State/Zip _____
Telephone # _____ I live in the USD # _____
Dependents: Number _____ Ages _____

Name of Employer _____
Position/Date Started _____

____ Check here if unemployed and list employer and date of last employment above.

Monthly Income:	Yourself	Your Spouse
Employment Income/SSDI/SSI	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Cash Assistance	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

If you are receiving income and/or benefits from any public agency, are you entitled to any aid from that agency for the purpose of eye examination or for purchasing eyeglasses? ____ yes ____ no
If yes, Who? _____ How much? _____

Monthly Living Expenses:	Amount	Paid to
Rent/House Payment	\$ _____	_____
Utilities	\$ _____	_____
Auto Payment	\$ _____	_____

Please explain your reasons for requesting assistance:

I understand that the Wamego Lions Club Eyeglass Assistance Program is not connected with any Federal or State public assistance program. I also understand that the Wamego Lions Club has a limited budget for the purpose of funding this program and I agree to hold the Club harmless if my application cannot be approved or funded. If my application is approved, I understand that the amount of assistance provided by the Club will be limited to the amount agreed on by the sight committee.

I hereby certify that the above information is accurate to the best of my knowledge.

Applicant/Guardian Signature _____ Date _____

Referring Agency _____ Case Manager _____

(Ex. Three Rivers, NEK-CAP, Community Health Ministries, SRS, Health Dept, ect)

Eye doctor's name and phone number _____