

Submit to:

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**LIONS SIGHT & HEARING FOUNDATION
CONWAY AREA LIONS CLUB
APPLICATION FOR EYECARE
ASSISTANCE**

All questions **MUST** be answered if this application is to be considered. Information revealed herein will be kept strictly confidential and will be used solely for the evaluation of you request for financial assistance.

1. APPLICANT _____
First Name Middle Initial Last Name

SOCIAL SECURITY NUMBER _____ - _____ - _____ Date of Birth _____

If a minor:

PARENT _____
First Name Middle Initial Last Name

SOCIAL SECURITY NUMBER _____ - _____ - _____ Date of Birth _____

2. CURRENT ADDRESS _____
Street City Zip Code Number of years there

PREVIOUS ADDRESS _____
Street City Zip Code Number of years there

3. INDICATE ALL OF THE FOLLOWING WHICH APPLY (and provide details):

The Conway Area Lions Club is able to help only those who have no one else to turn to for eye care aid.
If you are not sure of eligibility from the following, please call them and ask.

- _____ CHILDREN age 18 years and under* - please list Health Insurance Plan and ID# _____
- _____ SENIOR CITIZENS age 65 or older* - please list Medicare ID # _____
- _____ PERMANENTLY DISABLED individuals* - please list Health Insurance Plan and ID# _____
- _____ MEDICAID COVERAGE* - please list card number/ID# _____
- _____ TANF recipients* - please list Health Insurance Plan and ID# _____
- _____ ANY OTHER HEALTH INSURANCE - please list Health Insurance Plan and ID# _____
- _____ UNITED STATES VETERAN – eligible for VA care? _____ Last VA eye exam? _____
- _____ INCOME ASSISTANCE from anywhere _____

*Note: Eye care is provided by Medicaid through the NH Division of Human Services (if these individuals are disabled or financially needy) and by all Health Insurance Plans for children 18 and under.

IF NOT ELIGIBLE FOR ANY OF THE ABOVE, INDICATE REASON WHY NOT ELIGIBLE FOR NH MEDICAID:

4. HOME PHONE _____ CELL PHONE _____ EMAIL _____

5. EMPLOYER _____ OCCUPATION _____

DATE HIRED _____ NET INCOME (PER MONTH) _____

PREVIOUS EMPLOYER _____ OCCUPATION _____

DATE HIRED _____ NET INCOME (PER MONTH) _____ DATE LEFT _____

6. OTHER INCOME:	DATE STARTED	DATE ENDED	AMOUNT PER MONTH
Pension	_____	_____	_____
Investments	_____	_____	_____
Social Security	_____	_____	_____
Worker's Compensation	_____	_____	_____
Unemployment Compensation	_____	_____	_____
NH Welfare	_____	_____	_____
TANF (Temp. Aid for Needy Families)	_____	_____	_____
Other _____	_____	_____	_____
		Total	_____

7. PLEASE COMPLETE THE FOLLOWING FOR ALL INDIVIDUALS LIVING WITH APPLICANT:

Name	Relationship	Age	Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Child Support (monthly): _____ Alimony (monthly): _____ VA Disability (monthly) _____

Total value of: Checking and Savings accounts \$ _____ Investments \$ _____

Car 1 _____ Amount of Loan Payment _____
Year Make Monthly

Car 2 _____ Amount of Loan Payment _____
Year Make Monthly

Real estate owned: Description _____ Current value \$ _____

9. HOUSEHOLD EXPENSES THAT YOU PAY:

Apartment rent/Mortgage payment (monthly) AND/OR Amount paid by Section 8 _____

Heat & Electric (monthly) Amount of fuel assistance received _____

Food allowance received (monthly) Recurring medical expenses (monthly) _____

List other expenses: _____

DO YOU RECEIVE HEAT, HOUSING OR FOOD ASSISTANCE OF ANY KIND? _____ MONTHLY AMOUNT _____

10. HAVE YOU PREVIOUSLY APPLIED TO A LIONS CLUB FOR EYE CARE? _____ YEAR? _____

11. WHAT EYE PROBLEMS ARE YOU EXPERIENCING? _____

12. DO YOU NEED (please circle): LENSES: Yes / No FRAMES: Yes / No EXAM: Yes / No

13. Date of last eye exam: _____ Doctor's Name: _____

Doctor's City/St: _____

14. ADDITIONAL INFORMATION (IF DESIRED) THAT WOULD HELP DEMONSTRATE FINANCIAL NEED:

15. REFERRED BY (optional) _____

16. I, the APPLICANT, certify that this application is accurate and complete. I hereby authorize any individual or organization to release to the Conway Area Lions Club any information necessary to confirm statements made in this application. In consideration of any assistance, which may be granted, I agree to hold the LIONS CLUBS OF NH harmless from any injury resulting from treatment paid by them. I ALSO UNDERSTAND THAT THERE ARE NO EXPRESSED OR IMPLIED SERVICES OTHER THAN POSSIBLY AN EYE EXAM AND GLASSES.

Applicant's Signature _____ DATE _____