

**LIONS ORGAN & EYE BANK
VISION ASSISTANCE PROGRAM
Application for Vision Assistance**

Request for: Surgery Cornea Transplant Other (Specify)

Applicant Name		DOB
Address		S.S.#
City, County, State, Zip		
Phone		Alternate #
Length of Residency		
Occupation/Employer		
Applicant Signature		Date

Please PRINT the names of all individuals living in the household and their income sources. (Provide Proof)

FIRST AND LAST NAME	AGE	RELATIONSHIP TO CLIENT	EMPLOYED?	MONTHLY INCOME
		SELF	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	

Does applicant have? Insurance Medicare/Medicaid Health Plan Other

MONTHLY GROSS INCOME (Income before taxes & deductions)	MONTHLY EXPENSES (Average from month to month)
Salary of applicant: \$	Rent/Mortgage: \$
Salary of spouse: \$	Utilities: \$
Salary of Parent/Guardian: \$	Food: \$
Social Security Benefits: \$	Phone: \$
Disability Benefits: \$	Medicine: \$
Retirement Pension: \$	Car/Transportation: \$
Unemployment Benefits: \$	Child Care: \$
Investments: \$	Home Insurance: \$
Income from other family: \$	List Charge Cards: \$
Child Support/Alimony: \$	
Food Stamps: \$	
Other Income: \$	Other: \$
Total Monthly Income: \$	Total Monthly Expenses: \$
Any other type of assistance (free lunch, WIC, etc.): \$	

On the back of this form, state what your problem is and what assistance you need.

SPONSORING LIONS CLUB	Phone #
Lion Contact Name	email

**SPONSORING LIONS CLUB ONLY
SEND COMPLETED FORMS WITH ALL REQUIRED INFORMATION TO :
LOEB Vision Assistance Committee
PO Box 830, Ft. Worth, TX 7101-0830**

The Lions Organ & Eye Bank of District 2-E2, Inc. is a qualified 501(c)3 organization.

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APPLICATION INSTRUCTIONS

Thank you for allowing the District 2E2 Lions Organ and Eye Bank to review your application for possible vision assistance. You will need to be sponsored by a 2E2 Lions Club in order for your application to be considered.

Please **completely** fill out the application and supply these supporting documents:

- Copy of previous year's income information
- Last 2 paycheck stubs for each working member of household
- Copies of any forms of assistance, such as food stamps award letter, SSI or disability and/or housing assistance, unemployment, etc.
- Copies of all insurance cards
- Proof of residency (electric bill, lease agreement, etc.)
- Copy of picture ID
- Copies of any medical records pertaining to condition you are requesting treatment for, along with a brief description of services requested from the person who will be providing the service
- "Authorization to Disclose Protected Health Information" form (HIPAA form) must be completed and signed. This is necessary so we can discuss your application and obtain more information from your physician if necessary.

We are a non-profit organization with limited funding. Our help to you may be to connect you to services at another organization.

Non-emergency situations may require a partial payment by the applicant (or a third party) to the treating doctors prior to service.

We do not pay for prior services, except in extraordinary circumstances. No requests for non-FDA approved or experimental treatments will be considered. We will consider elective treatments on a case by case basis, and we have the right to deny funding for any lawful reason.

Each case will be considered on an individual basis.

We provide help with medically necessary treatments only. We may discuss the provisions of our assistance with your doctor's office and this might affect your treatment plan.

We will give careful consideration to your application. Please complete the application and send all supporting documents as outlined.

At this time we are unable to assist those who do not have a Social Security number and/or are in this country illegally.

Your application will be considered after all information has been received. This process usually takes 3-6 weeks.

The application will not be considered if you have not partnered with a District 2E2 Lions Club for sponsorship.

In your words, please provide a brief explanation of the services you are expecting (one paragraph).