



Naples Club -- Request for Eye Examination and Eyeglasses

Name _____ Birth Date _____ Age _____

Address _____ E-mail _____

City _____ State _____ Zip Code _____ Phone _____

Medical Insurance: Name and Policy of all insurances (use additional paper if needed):

Names and ages of Household members (use additional paper if needed):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Household Income: \$ _____

Monthly Household Expenses: \$ _____

Assistance Needed For: Eye Exam YES ___ NO ___ Glasses YES ___ NO ___

Recent Eyeglass Prescription available: YES _____ NO _____

APPLICANT MUST READ AND SIGN THIS STATEMENT:I fully understand that these services are limited to individuals who have no medical insurance (Medicare, Medicaid or any other form of insurance) and have an income that is below 200% of the Federal Poverty Guidelines. In consideration of this assistance I release and discharge any and all persons or organizations rendering such assistance from any claims that may have arisen from services rendered. All information on or attached to this form is true and correct to the best of my knowledge. My application may be reviewed by Lions Club and health professionals.

APPLICANT'S SIGNATURE

WITNESS (if applicant signs with X)

(Parent/Guardian Signature if applicant is under 18)