

Naples Club -- Request for Eye Examination and Eyeglasses

Name		Birth Date		_ Age
Address		E-mail		
City	State	Zip Code	Phone	
Medical Insurance: Na	me and Policy of	all insurance	es (use additional pap	er if needed):
Names and ages of Ho	usehold membe	rs (use additio	nal paper if needed):	
Name		Age Rel	ationship	
Monthly Household Ir Monthly Household E	come: \$ kpenses: \$			
Assistance Needed Fo				
Recent Eyeglass Presc	ription available:	: YES	NO	
services are limited to Medicaid or any other of the Federal Poverty discharge any and all p claims that may have a attached to this form i application may be rev	indivisuals who he form of insurance Guidelines. In contersions or organizations from servits true and correct	nave no medi e) and have a insideration of zations rendered ices rendered t to the best	cal insurance (Mean income that is keen income that is keen this assistance I ering such assistants. All information of my knowledge.	dicare, below 200% release and ce from any on or
APPLICANT'S SIGNATURE		WI	WITNESS (if applicant signs with X)	
(Parent	/Guardian Signat	ture if application	ant is under 18)	