

CHILDREN'S EYE CARE APPLICATION

Erie Lions Club Save An Eye Fund Inc.

2402 Cherry Street, Erie, PA 16502

(814) 455-0995

Student's Name: _____ Birth date: _____ Today's Date: _____

Home Address: _____ City: _____ Zip: _____

Father's Name: _____ Employer: _____ Gross Annual Earnings: \$ _____

Mother's Name: _____ Employer: _____ Gross Annual Earnings: \$ _____

Other Income (list source and amount) _____

Total Estimated Annual Household income (all money or subsidies from all sources for all household residents): \$ _____

Number of Household Dependents: _____ Number of Children at Home: _____ Ages of Children: _____

Unusual Expenses/Circumstances (type and amounts): _____

Does the Child have another source of eye care assistance (please check appropriate box or boxes below? Yes No

Private Insurance Access Card Med-Plus Gateway ION Chip Insurance

If Yes, why are you asking for Lions Club Help? _____

PLEASE CHECK SERVICES REQUESTED AND COMPLETE BLANKS: (If you have no choice of providers, they will be assigned to you)

_____ Eye Exam by Dr. _____
\$5.00 suggested donation to accompany this application

_____ Glasses by: _____
\$10.00 suggested donation to accompany this application

_____ Repair by: _____
at \$5.00 suggested donation to accompany this application

_____ Other (Describe Situation: _____
(use back if needed)

The donations are suggested, but not required if you ask a waiver due to hardship: Waiver requested: yes no Amount Enclosed \$ _____

I hereby certify the above statements to be true: _____ Phone: _____
(signature of parent or guardian)

School Nurse: _____ Address: _____ Zip: _____ Phone: _____