

# SANTA CRUZ HOST LIONS CLUB



## Assistance Application for Eye Exam / Glasses (To Be Completed By Applicant or School Nurse)

**INSTRUCTIONS: After Completing this Form, mail to Santa Cruz Host Lions P. O. Box 477 Santa Cruz, CA, 95061  
or fax to 831-423-2352**

### APPLICANT

Applicants Name: \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

How Long Have You Resided In Santa Cruz County? \_\_\_\_\_

If A Minor, Parents or Guardians Name: \_\_\_\_\_

Address (If Different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Applicant, Parent, or Guardians SS# \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Net Monthly Salary \$ \_\_\_\_\_ Rent / Mortgage \$ \_\_\_\_\_

Other Expenses \$ \_\_\_\_\_

Number of Dependents on above Income \_\_\_\_\_ Bank With \_\_\_\_\_ Branch \_\_\_\_\_

Health Ins Company if Any \_\_\_\_\_

Has Application Been Made To Medi-Cal? \_\_\_\_\_ Medi-Cruz? \_\_\_\_\_ Other? \_\_\_\_\_

Please Check The Following:

I / We Will be Able To Pay \$ \_\_\_\_\_ Toward Requested Services. I / We Will Be Able To Pay The Lions Eye  
Fund All \_\_\_\_\_ Half \_\_\_\_\_ \$ \_\_\_\_\_ Of the Cost Of Services @ \$ \_\_\_\_\_ Per Month Beginning: \_\_\_\_\_

Please Briefly Explain On The Back of This Application How You Specifically Will Benefit From The Lions Eye Fund Support.

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### LIONS CLUB AUTHORIZATION

I Authorize Further Investigation and Verification Of The Above Applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Lions Club for Eye Exam & Glasses if Needed up To \$ \_\_\_\_\_

Address PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**PHYSICIAN**

Physician \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Diagnosis & Clinical Findings \_\_\_\_\_

Recommendations: \_\_\_\_\_

Diagnosis & Clinical Findings: \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**APPLICANT**

Please briefly explain how support from the SC Host Lions Eye Fund will help you.

**Santa Cruz Host Lions Eye Fund**

**P. O. Box 477**

**Santa Cruz CA, 95061**

**Phone / Fax 831-423-2352**

**[www.santacruzions.org](http://www.santacruzions.org)**