WENATCHEE CENTRAL LIONS
SIGHT CONSERVATION APPLICATIONS

Date:_____

Name of Applicant:_____ Spouse/Parent:_____

Date of Birth:_____ Number of Dependents:_____

Address:_____

Phone number:_____

Employer:_____

PLEASE ATTACH CURRENT COPY OF EYEGLASS PRESCRIPTION (MUST BE INCLUDED)

List all sources of income, including Pensions, Social Security, Alimony, etc.:_____

_____

Monthly Expenses: Rent/Mortgage:_____ Food:_____ Utilities:_____

Medical Expenses:_____ Prescriptions:_____ Home Insurance:_____

All other Expenses:_____

I am unable to pay for the services because:

_____

SERVICES PROVIDED TO YOU BY ANY LIONS CLUB IN THE PAST:

_____

You will be contacted by mail by a member of the Wenatchee Central Lions Club as to the disposition of your application. CONTACT COULD TAKE UP TO TWO MONTHS. The staff of Vision Source CANNOT expedite your application, and no telephone numbers of Lions Club members will be given out.

By signing below, I certify that as a patient, parent, or guardian, I do not have sufficient resources to meet this financial need, do not have insurance for the requested services and that the applicant does not have Medicare/Medicaid that applies to the requested services.

APPLICANT OR GUARDIAN SIGNATURE:_____

RETURN APPLICATION TO: WENATCHEE CENTRAL LIONS
ATTN: SIGHT CHAIR
P.O. BOX 135
WENATCHEE, WA 98807