Dublin Lions Club Vision Assistance Application

Please fill in ALL blanks or provide explanation for absence of information

Assistance is open to permanent residents of Pulaski County only

Application Date: _____

Applicant's name _____ Age _____

Parent's name(s), if applicant is a child _____

Address (Physical & Mailing)* _____

City, State, & Zip _____ Phone _____

Reason for needing assistance: _____

Source of income** _____Monthly Amount $_____

Total Monthly Income (including individuals listed below) $_____

Other household members (list all members, their income, and relationship to applicant)

Name Relationship Income Source

_____

_____

(If more, complete back of this form.)

Monthly Expenses

Housing (Rent / Own/Live with Family) $_____ # Dependents _____Food $_____
Utilities $_____ Medical $_____ Child Care $_____

Please provide information about any additional assistance you receive (i.e. Snap, WIC)

_____

_____

Do you have health insurance that provides vision? ___Yes ____ No (Medicaid or Medicare)? (Please Specify)

_____

Has the Dublin Lions Club provided you with assistance in the past? If so, when? *** _____

I certify the information on this application is true and correct.

Signature of Applicant _____ Date _____

(OVER)

If applicant is student, his or teacher, school nurse or administrator may sign this statement.

I, the undersigned, a teacher or faculty member at the below named school am familiar with the above-named applicant and recommend him/her as a worthy applicant in need of the assistance requested.

School Name _____

School Official _____

If signed by school, proof of residence will not be required.

Please return this application to:

Dublin Lions Club
PO Box 1872
Dublin VA 24084

Applications will be reviewed and an approval voucher or denial letter will be sent to your address in 3-4 weeks.

- **FRAUDULENT INFORMATION IS CAUSE FOR DENIAL**
- ***Dublin Lions Club reserves the right to request proof of residence, when instances arise.**
- ****Income includes earnings from employment, social security, disability, worker's compensation, child support, alimony, family support, side jobs and other received contributions.**
- *****Approval will only be granted 3 years after prior approval**

LIONS CLUB USE ONLY

Date Application Approved / denied: _____

Voucher #: _____