



# Dayton Valley Lions Club

P. O. Box 1849 • Dayton, NV 89403

## Application for Eye Examination and/or Glasses for an Adult (18 yrs & over)

Dear Applicant:

To be eligible for financial assistance from the Dayton Valley Lions Club for eye examinations and/or glasses, you must:

1. Complete application and sign disclosure statement on reverse side.
2. A minimum payment of fifteen dollars (\$15.00) to be paid at the time application is submitted.
3. Complete ALL of the applicable items on this application – bold items are mandatory.

**APPLICANT INFORMATION**

APPLICANT \_\_\_\_\_ AGE \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

SCHOOL ATTENDING (IF APPLICABLE) \_\_\_\_\_ GRADE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

IF A STUDENT, DO YOU LIVE WITH PARENTS? \_\_\_\_\_ IF NOT, WITH WHOM? \_\_\_\_\_

**HEALTH/OTHER INFORMATION**

HAVE YOU WORN GLASSES BEFORE? \_\_\_\_\_ IF SO, WHAT HAPPENED TO THE OLD PAIR? \_\_\_\_\_

DO YOU NEED EYE EXAMINATION? \_\_\_\_\_ HOW LONG SINCE LAST EYE EXAMINATION? \_\_\_\_\_

DO YOU NEED GLASSES REPLACED? \_\_\_\_\_

REASON WHY YOU NEED ASSISTANCE IN SECURING EYE EXAMINATION AND/OR GLASSES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT EMPLOYMENT**

PRESENT EMPLOYER \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**PARENT OR GUARDIAN**

PRESENT EMPLOYER \_\_\_\_\_ HOW LONG? \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ HOW LONG? \_\_\_\_\_

PHONE NUMBER Day \_\_\_\_\_ Evening \_\_\_\_\_

**INSURANCE /INCOME**

Do you/spouse or parent/guardian have optical care insurance which would be available? YES NO

Total annual household income \_\_\_\_\_ Number in household \_\_\_\_\_

ARE YOU ABLE TO PAY MORE THAN THE \$10.00 REQUIRED? YES NO IF SO, HOW MUCH? \_\_\_\_\_

REFERRED BY \_\_\_\_\_ PHONE \_\_\_\_\_

**PLEASE COMPLETE DISCLOSURE STATEMENT ON REVERSE – THANK YOU**

“Total annual household income” is based on the amount earned by the applicant and spouse and not multiple family household income. Do not include income of roommates.

**Number in household includes immediate family members only**

**DISCLOSURE STATEMENT**

You are authorized to obtain such information as you may require concerning statements made in this application.

I/We certify that all statements in this application are true and complete, and request financial assistance from the Dayton Valley Lions Club.

If this application is approved, I/We understand the Dayton Valley Lions Club will pay for an eye examination, at a doctor of the club’s choosing, only if needed. Any glasses purchases, from the doctor of the club’s choosing, will be of a basic design, without tinted lenses or expensive frames.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**DAYTON VALLEY LIONS CLUB**

P. O. BOX 1849, DAYTON, NV 89403

DEAR APPLICANT:

DATE\_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING INFORMATION.  
IT WILL BE SUBMITTED TO THE EYE DOCTOR FOR HIS RECORDS.

PLEASE PRINT ALL INFORMATION REQUESTED.

**ALL INFORMATION ON THIS FORM MUST BE PRINTED.**

**APPLICANT'S NAME** \_\_\_\_\_  
PLEASE PRINT (PERSON GETTING EYE EXAM AND GLASSES)

**DATE OF BIRTH** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_  
PLEASE PRINT

**CITY OR TOWN** \_\_\_\_\_  
PLEASE PRINT

**STATE AND ZIP CODE** \_\_\_\_\_  
PLEASE PRINT

**MAILING ADDRESS** \_\_\_\_\_  
PLEASE PRINT

**CITY OR TOWN** \_\_\_\_\_  
PLEASE PRINT

**STATE AND ZIP** \_\_\_\_\_  
PLEASE PRINT

**PHONE NUMBER HOME** \_\_\_\_\_ **WORK** \_\_\_\_\_  
PLEASE PRINT

**MOTHER/FATHER/GUARDIAN (FOR MINOR CHILD APPLICATION ONLY)**  
**NAME** \_\_\_\_\_  
PLEASE PRINT

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION PROCESS,  
PLEASE CALL LION SHARON GLASHAN (775) 241-0408