



Dayton Valley Lions Club

P. O. Box 1849 • Dayton, NV 89403

Application for Eye Examination and/or Glasses for a minor Child (17 yrs & younger)

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**

CHILD'S NAME _____ GRADE _____ AGE _____

SCHOOL ATTENDING _____

HOW LONG HAS STUDENT BEEN ATTENDING SCHOOL IN THE CENTRAL LYON COUNTY AREA? _____

MAILING ADDRESS _____ HOW LONG? _____

DOES STUDENT LIVE WITH BOTH PARENTS? _____ IF NOT, WITH WHOM? _____

**HEALTH/OTHER
INFORMATION**

HAS CHILD WORN GLASSES BEFORE? _____ IF SO, WHAT HAPPENED TO THE OLD PAIR? _____

DOES CHILD NEED EYE EXAMINATION? _____ HOW LONG SINCE LAST EYE EXAMINATION? _____

DOES CHILD NEED GLASSES REPLACED? _____

REASON WHY FAMILY NEEDS ASSISTANCE IN SECURING EYE EXAMINATION AND/OR GLASSES FOR SON OR DAUGHTER _____

**FATHER
OR
GUARDIAN**

NAME _____

PRESENT EMPLOYER _____ HOW LONG? _____

PREVIOUS EMPLOYER _____ HOW LONG? _____

PHONE NUMBER Days _____ Evening _____

**MOTHER
OR
GUARDIAN**

NAME _____

PRESENT EMPLOYER _____ HOW LONG? _____

PREVIOUS EMPLOYER _____ HOW LONG? _____

PHONE NUMBER Day _____ Evening _____

**INSURANCE
/INCOME**

Does parent/guardian have optical care insurance which would be available? _____

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 child’s parent/guardian and not multiple family household income. Do not include income of non-custodial parents and or 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.

PARENT/GUARDIAN 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