



Bellingham Central LIONS CLUB

*P.O. Box 602
Bellingham, WA 98227*

This form can be found at: www.bellinghamcentrallions.org/

Enclosed please find forms requesting aid in procuring eyeglasses.

The more information you can give me the better, such as marital status, age, relatives residing in the area, length of time residing in the area, income, expenses, employer or former employer, address and phone number.

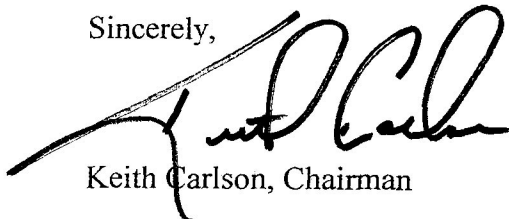
If this application is for a minor child, the above information is required from the parents or guardian of the child. Bellingham Central Lions Club limits payments of pre-approved sight conservation cases as follows:

	Exam	Lenses	Frames	Total
Children	\$30	\$30	\$35	\$95
Adults	\$30	\$45	\$35	\$110

Please return the completed forms to:

Dave Woods Memorial Eyeglass Committee
Bellingham Central Lions Club
P. O. Box 602
Bellingham, WA 98227

Sincerely,



Keith Carlson, Chairman



Bellingham Central
LIONS CLUB

P.O. Box 602
Bellingham, WA 98227

EYE GLASS ASSISTANCE

NAME: _____
ADDRESS: _____
PHONE: _____

DATE: _____
STAFF PERSON: _____

1. What assistance are you requesting?
___ Examination. How long since your last examination? _____
___ Lenses
___ Frames
2. Are you married or single? _____
3. How many people are in your household? _____
4. What is your household's *gross* monthly income? _____
* How long has it been this amount? _____
5. What is the source of your income? _____
6. What type of employment did you have this past year? _____
* What was the employment of the other members of your household? _____
7. Do you have medical insurance? _____
8. Name and age of person needing treatment? _____
9. Are you eligible for medical care through Indian Health Services? _____
10. Are you eligible for Public Assistance? _____
11. How long have you lived in Whatcom County? _____
12. Have you tried to obtain assistance elsewhere? _____
13. Banking relationship? _____
14. Your monthly expenses?

15. Specifically describe the need: _____



Bellingham-Central

LIONS CLUB

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WAIVER OF CONFIDENTIALITY

THE UNDERSIGNED, an applicant or parent of an applicant to the BELLINGHAM CENTRAL LIONS CLUB for financial assistance for the purchase of corrective lenses and attendant services, hereby waives any right of confidentiality regarding personal or family income, resources or needs. Further, the undersigned specifically authorizes the appropriate committees and members of the BELLINGHAM CENTRAL LIONS CLUB to discuss and evaluate said resources, needs, etc. in determining whether the applicant qualifies under the Club guidelines for the receipt of assistance.

DATED this _____ day of _____, 19____.

Applicant: _____

or parent if living at home.