

Please return application to
Douglas Lions Club
P.O. Box 2095
Douglas, GA 31534



Date _____

Douglas Lions Club

Application is for assistance with eyeglasses only

All questions must be completed or application will not be processed!

Applicant Name _____ Age _____

Date of Birth _____ Number of Children under 18 years of age in household: _____

Name of Parent/Guardian (if applicant is a minor) _____

Marital Status (please circle) Married Single Divorced Widowed

Name of Spouse _____

Mailing Address _____

City & State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

If applicant is a Student, please list School _____

Are you disabled? _____ If yes, list disabilities _____

Are you a Convicted Felon? _____ If yes, please explain _____
(Criminal Background Checks May be Performed)

Do you wear glasses now? _____ If yes, for how long? _____

Has Lions Club purchased glasses for you or anyone in your family? _____

If yes, please list name(s) of recipients & date received _____

How were you informed of Lions Club sight services? _____

Type of Insurance Medicare Medicaid Peachcare None Other _____

Financial Information (Must be completed with valid income proof supplied)

Your Employer _____ Annual Income _____

Spouse's Employer _____ Annual Income _____

Monthly Income & Benefits

Social Security \$ _____ SSI \$ _____

Pensions \$ _____ Child Support \$ _____

Unemployment \$ _____ Other \$ _____

Assets

Checking Account Balance \$ _____

Savings Account Balance \$ _____

Value of Automobiles \$ _____

Value of Home (if owned) \$ _____

Monthly Expenses

Rent/Mortgage \$ _____

Utilities \$ _____

Groceries \$ _____

Dr/Hospital \$ _____

Phone \$ _____

Other \$ _____