



***We Serve***

# JOHNSON CITY LIONS CLUB

## JOHNSON CITY, TENNESSEE

### APPLICATION FOR SIGHT CONSERVATION SERVICES

DATE \_\_\_\_\_

1. Full Name \_\_\_\_\_

First Middle Initial Last

2 Address Street/Apartment \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

3a. Daytime phone \_\_\_\_\_ 3b. Male/Female \_\_\_\_\_ 4. Age \_\_\_\_\_

5. Date of birth \_\_\_\_\_ 6. Social Security Number \_\_\_\_\_

7. IF APPLICANT IS A CHILD: DOES THE CHILD HAVE TENNCARE? \_\_\_\_\_

a) Name and relationship of parent/guardian \_\_\_\_\_

b) Parent/guardian's Social Security Number \_\_\_\_\_

c) School attended \_\_\_\_\_ d) Grade \_\_\_\_\_

e) School contact (principal, counselor, etc.) \_\_\_\_\_

8. Services needed, and reason \_\_\_\_\_

9a. Have any Lions Club helped you in the past? YES / NO 9b. If YES, which club, and what services were provided? \_\_\_\_\_

9c. If YES, when? \_\_\_\_\_ 9d. If YES, which doctor did you see? \_\_\_\_\_

10a. Do you have any health/medical insurance, including TENNCARE? YES / NO 10b. If YES, does it cover eye exams and/or glasses? YES / NO

**BE SURE TO COMPLETE THE OTHER SIDE OF THE APPLICATION!**

11a. Have you sought help from relatives, churches, government agencies, or others? YES / NO

11b. If YES, please list all /How Much \_\_\_\_\_

12a. Do you live alone? YES / NO 12b. If NO, how much do those who live with you (spouse, children, etc.) contribute to your household expenses per month? \_\_\_\_\_

13a. Do you have any dependents? YES / NO 13b. If YES, how many? \_\_\_\_\_

14a. What is your total monthly income including spouse? \_\_\_\_\_ 14b. List the sources and amounts:

15a. If you are between the ages of 16 and 67, do you work? YES / NO, Where? 15b. If NO, why not?

16a. Do you own your home? YES / NO 16b. If YES, what is your monthly mortgage payment? \_\_\_\_\_

17a. Do you rent out any part of your home to others? YES / NO 17b. If YES, how much are you paid each month? \_\_\_\_\_

18. Monthly Expenses a. Rent \_\_\_\_\_ b. Electric/Water \_\_\_\_\_ c. Food \_\_\_\_\_

d. Medications \_\_\_\_\_ Phone \_\_\_\_\_ Charge Cards \_\_\_\_\_ Insurance \_\_\_\_\_

Car \_\_\_\_\_ Other (list) \_\_\_\_\_

The Johnson City Lions Club receives hundreds of requests for assistance every year, and must review every one carefully so as to make the best use of our limited funds. We are not a government agency required to give assistance - we are a private group that works hard to raise money to help the less fortunate. To help us in our decision, please fill out the application in full, and use the space below to provide any additional information you believe to be important to help us in our decision to help you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided is true and correct to the best of my knowledge.

X \_\_\_\_\_

Signed by Applicant or parent/guardian if under 18

Email or mail to:

Ashley Miller

Good Samaritan Ministries

100 N Roan St.

Johnson City, TN 37601

[ashley@goodsamjc.org](mailto:ashley@goodsamjc.org)

Do not write below this line

Date approved \_\_\_\_\_ Not approved \_\_\_\_\_ Reason \_\_\_\_\_