



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

Return this application to

Lion Ed Gibbons

PO Box 3644

Johnson City, TN 37602

Do not write below this line

Date approved _____ Not approved _____ Reason _____