



# DENBIGH LIONS CLUB

## Application for Assistance with Eye/Hearing Care

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Do you need an eye exam? YES  NO  Do you have any dependents.? YES  NO

Do you need eye glasses? YES  NO  If yes, ages? \_\_\_\_\_

Do you need a hearing aid? YES  NO

### Income/Expenses

Do you receive any other income?  
(example: social security, disability or aid to dependent children) YES  NO  Source and Amount: \_\_\_\_\_

Do you receive any assistance from any Charity? YES  NO  Source and Amount: \_\_\_\_\_

Do you have Medical Insurance? YES  NO  Plan Name and number \_\_\_\_\_

Rent or House Payment: \_\_\_\_\_ Medical: \_\_\_\_\_

Transportation: \_\_\_\_\_ Food/Other: \_\_\_\_\_

Utilities: \_\_\_\_\_ TOTAL MONTHLY EXPENSES \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: **Approved verbally** \_\_\_\_\_ Date: \_\_\_\_\_