



Tulsa Downtown Lions Club

Serving the Tulsa area since 1916

Application for Eye Exam/Eyeglasses CHILD

MUST live in the metropolitan Area

You can only apply every two years

Section 1- Application Information (Please Print or Type)

School _____ Date of screening _____

Request for: Eye Exam Eyeglasses I have a current prescription

Child's First Name	Child's Last Name	Age	Date
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Parent or Guardian First Name	Parent or Guardian Last Name
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Home Address No POBox (Must be a permanent address)	Apartment	Phone (Required)
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City	State	Zip Code	Email address
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How many in the household? #Adults _____ #Children _____	Applicant or Guardian Signature (Required)	Were you referred by an agency?
	Relationship to applicant	

EMAIL COMPLETED APPLICATION to TulsadtLions@outlook.com

or

mail to 3015 E. Skelly Drive, Suite 1075, Tulsa, OK 74105

Section 2-Insurance and Financial Information

Insurance Coverage Check all that apply	MONTHLY GROSS INCOME (before taxes and deductions)		MONTHLY EXPENSES (average from month to month)	
	<input type="checkbox"/> Private Insurance	Parent's Wages		Mortgage/Rent/Utilities
<input type="checkbox"/> Medicare	Spouse Wages		Groceries	
<input type="checkbox"/> Medicaid	Domestic Partner		Car payment/Insurance	
<input type="checkbox"/> Sooner Care	Welfare Benefits		Medical/Prescriptions	
<input type="checkbox"/> VA	Social Security		Credit Cards	
<input type="checkbox"/> None	Disability		Other	
<input type="checkbox"/> Other	Food Stamps			
	Unemployment			
	Other			
<input type="checkbox"/> Section 8 or subsidized housing	Total Monthly Income Required		Total Monthly Expenses Required	

Section 3-Disclosure of Financial Information

The financial information collected on this application will be used to evaluate your qualification for the eye exam/eyeglasses at no cost to you. This information will not be shared and will be destroyed when it is no longer needed. You are receiving assistance through the Tulsa Downtown Lions Club Sight Conservation Program.

Office use ONLY

Referral agency:

Approved YES NO

Approved by: _____ Assigned to: _____

Date: _____