

Request to Receive Assistance for Eye Exam & Glasses Wytheville Lions Club

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P.O. Box 291 / Wytheville, VA 24382

Print Clearly. Answer a					
Name:		St Address: _	St Address:		
Phone:					
Social Security:					
Gender Check One: Insurance	ce Check one:		thnicity Check	One	
	re Medicaid Pri			Black Hispanic	
Female FAMIS	None	Α	sian C	Other	
Birth Date:	Your Income: \$, Per Month/W	eek:		
Source of Income/Place of I Other household mo					
#1 Name:	Age: _	Relationship to	o Applicant:		
	Per Week/Month:				
#2 Name	Age: _	Relationship t	to Applicant		
Income	Per Week/Month	Source of Inco	me:		
Are you receiving any of the					
Please list amount of assist	ance received per month	Monthly	Expense yo		
	Amount per month	House D.	avmont	Amount per month	
Food Stamps ADC/TANF	\$ \$		ayment	\$ \$	
	\$			•	
Fuel Assistance (Per Year)	•			\$	
	\$			\$	
SSI/SSA	\$				
VA	\$		lls		
	\$				
Workman Compensation	\$				
Do you receive a Utility Che	eck?	If yes amount \$			
Are there any Special Circu			s unampley	— ment etc)?	
nio more any opecial elleu	motanices that we should k	non about (i iie, iiiies:	o, unompioy	mont, ctoj:	
<u></u>				···	
	•	for additional informatio	,		
l certify that the above informagive the Department of Social eligibility.					
	Applicant's/Pare	nt's Signature		Date	
LION'S CLUB use only:		<u> </u>			
() approved Code	Application No.				
() disapproved	LPD	Sight Committee C	h = !	Date	