



Lions Screen Kids Sight

Application For Lions Eye Care Assistance

Student's name _____

Age _____ Sex: M _____ F _____ School _____ Grade _____

NEEDS EXAM _____ NEEDS GLASSES _____ EYE SURGERY _____

OTHER _____

Parent/Guardian's Name _____

Address _____ Phone _____

City _____ Zip Code _____ Email _____

Persons in the household: Adults _____ Children _____

Monthly household income for all persons _____

List major monthly expenses _____

Is family approved for AHCCCS? Yes _____ No _____

List any Medical or Vision insurance that might apply _____

Can family pay \$10.00 or more toward this need? Yes _____ No _____ Amount _____

Information about Lions Assistance

Lions serve the eye care needs of persons who cannot afford it. A Lions group will try to help your child. The Lions may need additional information on your insurance, income, and special circumstances. If eligible, the Lions instruct how to get care, and what glasses and frames they will pay for. If services beyond exam and glasses are needed, they will tell you how to proceed.

Release

I, for myself, my heirs, personal representatives, executors, administrators, and assigns, on behalf of the patient, if the patient is other than myself and I am the responsible party for the patient, waive, release and forever discharge the Lions Sight and Hearing Foundation, the Lions organizations of Arizona, and each of their respective officers, directors, agents, representatives, successors, and all cooperating entities (medical providers etc.) and individuals from all claims, losses, and damages which now exist or may hereafter arise in connection with my and/or the patient's acceptance of assistance from these Lions entities. I also give my permission for release of health care information to/from the provider of any and all service for billing and authorization inquiries.

Parent/Guardian Signature _____ Date _____

Submit application to: Lion Jim Myers, 4975 Iron Springs Rd, Prescott, AZ 86305.
or Email to: jimboc101963@gmail.com

*****office use only*****

Approve _____ Sent Club letter to parent _____ Refer to : _____

Disapprove _____ Sent to Clack Fund _____