



The Lions Club of _____

Referral for Eye Exam/Glasses

Referred by:
(Name, phone, email)

Referral Received:

Name:

Phone Number:

Mailing Address:

Current Status/Situation:

Date of Birth:

Monthly income and source:

Number in household:

Needs: Eye Exam Glasses

Special Requests: Bifocals

Do you have any insurance that would cover any costs of eye exam or glasses?	
Do you receive: Social Security, Social Security Disability Insurance, Medicare, or Medicaid?	
Are you employed?	
Any inappropriate or unacceptable behavior exhibited by you may exclude you from eligibility for services through this program.	
Any information provided by you that is found to be false will make you ineligible for services.	
You will receive a certificate for an eye exam and glasses at no charge to you. It will be your responsibility to call the number on the certificate to schedule an appointment. When you call, please tell them you have a <u>Lions Club certificate</u> . Please be on time for your appointment.	
This certificate may not be used with any other discount or coupon or monies to upgrade frames available through this program. Limited "basic frame" models are available. The frame models and lenses available through this agreement cannot be altered.	

Please write legibly!