



Ohio County Virtual Lions Club Sight Application for Eye Care and Eyeglasses

Mail to: 310 Longvue Acres Rd
Wheeling, WV 26003

Personal Information

Patient Name:

Date of birth:

Parent or guardian name (if minor) or person completing application for patient (if unable):

E-mail address:

Mailing Address:

Physical Address (if different from mailing address):

How long have you resided at this address?

Home phone/primary phone number:

Cell phone/secondary phone number:

Medical Information

If a medical professional or agency recommended you, please let us know who:

Who is your family doctor?

Do you currently wear glasses?

If yes, how long have you worn glasses?

If yes, how old are your current glasses?

When was your last eye exam?

Who completed your eye exam?

What are you in need of? Eye exam Eyeglasses Both

Financial Information

Do you qualify/receive any assistance from the Department of Health and Human Resources (Medicaid, CHIP, WIC, welfare, etc)?

Yes No Maybe (unsure)

What is your household income?

Less than \$10,000

\$11,000 - \$20,000

\$21,000 - \$30,000

\$31,000 - \$50,000

Over \$50,000



How many family members currently reside with you?

adults dependents

What cost, if any, would you be able to contribute to the cost of eyeglasses/exam?

Will this be a grant or a loan?

Loan. I can commit to a repayment program to allow the Lions to help more people.

Grant. My current financial circumstances do not allow me to commit to a repayment program.

Would you be interested in volunteering during one (or more) of our events?

Yes No Maybe

Why are you asking for assistance? What are your circumstances?

I have reviewed this application and attest the information is complete, accurate, and has not been completed in any way to mislead the committee in making their decision.

Sign/date _____