



# Ardmore Lions Club

## Official Eyeglass Application

Date of Birth: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_ Gender: Male or Female Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_  
Applicant's Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
Applicant's earnings from employment (Net Income): \$ \_\_\_\_\_

If applicant is a minor father's name: \_\_\_\_\_ Address: \_\_\_\_\_  
Father's occupation: \_\_\_\_\_ Name of employer: \_\_\_\_\_  
Father's monthly take home earnings from employment: \$ \_\_\_\_\_

If applicant is minor mother's name: \_\_\_\_\_ Address: \_\_\_\_\_  
Mother's occupation: \_\_\_\_\_ Name of employer: \_\_\_\_\_  
Mother's monthly take home earnings from employment: \$ \_\_\_\_\_

All other monthly income: Welfare Payments, Child Support \$ \_\_\_\_\_ Pensions, Retirement, Social Security \$ \_\_\_\_\_  
Unemployment, Worker's Comp. \$ \_\_\_\_\_ Any Other Income \$ \_\_\_\_\_

List all household members and ages: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_ List additional names on back.

Referring school (If applicant is child.): \_\_\_\_\_

Monthly household expenses: Utilities \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_  
Rent \$ \_\_\_\_\_ Auto Insurance \$ \_\_\_\_\_ Prescriptions \$ \_\_\_\_\_ Cable TV \$ \_\_\_\_\_ Misc. Expenses \$ \_\_\_\_\_

I have lived in \_\_\_\_\_ County for \_\_\_\_\_ years.

Why are you applying for help in obtaining eyeglasses? \_\_\_\_\_

Family Physician: \_\_\_\_\_ Family Eye Doctor: \_\_\_\_\_

Are you able to pay any part of this expense? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, When \_\_\_\_\_ \$ \_\_\_\_\_

Have you applied with other organizations for help with this expense e.g., Good Shepherd, Veterans, Tribal Eyeglass Program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, whom? \_\_\_\_\_

Who may we thank for referring you to the Lions Club? \_\_\_\_\_

By my signature, I hereby testify that the above information is true, correct and complete to the best of my knowledge. False information will result in non-approval of this application. By my signature, I give permission for the release of pertinent information to the Members of the Ardmore Lions Club Eyeglass Committee.

\_\_\_\_\_  
Signature of Applicant, Parent or Guardian

Committee Members:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Y N

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Y N

Mail completed form to: Ardmore Lions Club, P. O. Box 174, Ardmore, OK. 73402. Your application must be approved by Ardmore Lions Club. If approved, you may choose to have your eye exam with Dr. Don Martin @ Martin Eye Center, 130 D Street NW; Dr. Ryan Parker, 1201 Kiowa, Suite A; Dr. Rushing or Dr. Wells @ Wells Vision & Laser Eye Center, 1702 N. Commerce; Ardmore, OK

For Ardmore Lions Club Use Only:  
Original to: Physician's Office  
Copy to: Ardmore Lions Club Treasurer