



We Serve

Valley Mills Lions Club Application for Eye Glasses



We Serve

Date: _____

Parent/Guardian Name: _____

Child's Name: _____ Age of Child: _____

Address: _____ City: _____

Home phone #: _____

Parent/Guardian Employer: _____ Child's School: _____

Referred by: _____ Sponsoring Lion: _____

Reason for assistance needed: _____

Is child eligible for Medicaid or covered under private insurance? _____

Parent /Gaurdian Signature

The requested information is required to be completely filled out in order to be considered for assistance from the Valley Mills Llons Club. All information will be kept strictly confidential and is used to qualify applicants. Any false entries will disqualify the application.

For Club Use Only

Approved by _____

Denied Reason _____

eye glasses only eye glasses and exam

Service Provider: _____

Cost: _____