



APPLICATION FOR FRANKLIN LIONS CLUB VISION SERVICES

Name: _____ Phone: _____

Address: _____

DOB: _____ Sex: _____ Marital Status: _____

Is applicant eligible for Medicare? Y N Medicaid? Y N Vision Insurance? Y N

Is applicant currently employed? Y N If yes, what is monthly income? _____

Is applicant receiving Social Security, SSI or disability income? _____ (amount)

Number of family members in the home: _____

Total monthly income of all household members over 18 _____

What are monthly expenses?

Rent or Mortgage _____

Utilities _____ (power, water & sewer, phone, etc.)

Car payment _____

Car insurance /gas expenses _____

Credit cards, loan? Pmt. amount _____

Groceries _____

Medical expenses _____

Lion Vision Services needed: Exam _____ **Glasses** _____

**Please complete and return to: Franklin Lion's Club
P.O. Box 703
Franklin, NC 298744**