



We Serve

Kingman Mohave Lions Club

P. O. Box 4316 - Kingman, Arizona 86401

www.kingmanlions.org

phone: 928-753-4505 - fax: 928-753-9395

lions@kingmanlions.org

Financial Assistance for Eyeglasses

In order to be considered this form must be completed in full. Please print legibly in order to be considered:

Name of Applicant: _____

If applicant is a minor, name of parent/guardian: _____

Sex: Male /Female Date of birth: _____

Address: _____ City: _____ ZIP: _____

Phone number: _____ Email address: _____

Do you have a valid social security number? Yes ___ No ___

How many persons in your household? _____ What is yours or parent annual income? _____

Is applicant receiving AHCCCS benefits? Yes ___ No ___

Does applicant have any other form of insurance that provides coverage for eye exams or glasses, including government programs? _____

I hereby certify that the above is true and correct to the best of my knowledge. I also authorize the Kingman Mohave Lions Club to verify any information on this application.

Print: _____ Sign: _____

Signature of Applicant/Parent/Guardian Date: _____

Return completed form to the address/fax/email above. The Kingman Mohave Lions Club has a limited amount of funds each year for its eyeglass program. Your application will be reviewed and you will be notified if assistance can be provided.

School Nurse Comments

Referring Nurse: _____ Nurse Contact Number: _____

Comments: _____