



**We Serve**

## **Kingman Mohave Lions Club**

P. O. Box 4316 - Kingman, Arizona 86401

[www.kingmanlions.org](http://www.kingmanlions.org)

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

[lions@kingmanlions.org](mailto:lions@kingmanlions.org)

### **Financial Assistance for Eyeglasses**

**(18 years old and under)**

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: \_\_\_\_\_