Eyeglasses Assistance Program Application

Case #:____________

Instructions: 1) Prepare separate application for each person needing assistance. 2) **Print clearly** and ensure writing is legible 3) **Complete each item or mark as N/A** (not applicable). 4) Use back of page OR attach additional page(s) if more space is needed to answer an item. 5) Call Allan at 622-0289 if you have a question about completing application. 6) Send completed application to **LOVELAND LIONS, P.O. BOX 928, LOVELAND, CO 80539**. *The committee meets monthly. You will be contacted after your application has been reviewed.* *Use back of page if more space is needed.*

Applicant information	**Referring Agency:**	**Staff member last name:**
Applicant Name:	Age:	DoB: / /
Spouse or Parent if applicant is child:		Applicant Contact/Phone # / -
Address:	City:	Zip:	Years there?
Previous Address:	City:	Zip:	Years there?
Reason moved to current address:		
Own ☐ Rent ☐ Other ☐	Landlord/Mortgage Company	Phone # / -
Single ☐ Married ☐ Divorced ☐ Other ☐	Spouse's Age:	Have you previously worn glasses? Yes ☐ No ☐
What do you have for automobiles? Makes, Models, Years?		
Reason(s) assistance is requested?		
Describe Nature of problem and what is needed:		

Household Members (Please List Parents, Children & Others living in residence or providing financial assistance)

Name	Age	Relationship	Address, City, Zip (if Different than applicant)

Applicant's Monthly Income			**Applicant's Monthly Expense**			
Combined Household Income	Gross (before taxes and withholding)	$	Rent/Mortgage	$	Life Insurance	**$**
	Net (Take Home)	$	Food (not including food stamps)	$	Health Insurance	**$**
Other Assistance Resources			Utilities	$	Auto Payment	**$**
Program	**Monthly Allowance**		Telephone	$	Dental	**$**
SSI	$		Cable/Satellite TV	$	Car Expenses & Gas	**$**
ADC	$		Clothing	$	Auto Insurance	**$**
OAP	$		Medical	$	Pharmacy	**$**
Unemployment	$		**Creditor/ Item/Service**	**Monthly Payment**	**Balance Remaining**	
	$			$	$	
Free-School Lunch Program? Yes ☐ No ☐				$	$	
Food Stamp Assistance? Yes ☐ No ☐	Amount? $			$	$	
TOTAL RESOURCES:	**$**		**TOTAL EXPENSE:**	**$**		

Committee Use Only — Date Application Received ____/ ____/___, Committee Meeting Date: ____/ ____/____, Approve/Deny ______________
Exam ☐, Glasses ☐, or Both, ☐ Reason for Denial: