

Draft

# **LIONS CLUB OF SAVANNAH**

## **APPLICATION INSTRUCTIONS & INFORMATION**

Dear \_\_\_\_\_:

You recently requested eye exam/eye glass assistance from the Lions Club of Savannah. Enclosed is an application form you must fill out on both sides to be considered for this program. The Lions Club of Savannah is an all volunteer organization whose members raise funds each year to purchase eye glasses for those who live in Chatham County and cannot afford to purchase them on their own.

### **APPLICATION INSTRUCTIONS**

- Answer **all** questions on both sides of the form. Due to the volume of applications we receive and the limited resources we have to process them, incomplete applications will not be processed.
- All household members must be listed and their monthly income recorded on the form. If you or other household members have no income, record -0- income. Do Not leave income blank or we will be unable to process your application.
- Tell us what you need! If you do not have a current eye glass prescription (obtained within the past two years), you will need an eye exam to obtain a prescription for new eye glasses. Check the box for "Eye Exam & Prescription".
- If you have a current prescription (less than two years old), then tell us if you need "New Lenses in a New Frame", or "New Lenses in an Old Frame", or "Old Lenses in a New Frame". If you require "Bifocals" we need for you to tell us that too.
- Check the appropriate boxes so we will know what you need or we will be unable to process your application.

### **HOW LONG DOES IT TAKE?**

If an eye exam is requested, an application received by us in one month will be processed the beginning of the next month. For example, if your application is received in January, it will be processed during the first week in February.

If you are only requesting eye glasses, and you already have a current eye glass prescription (less than two years old) and no exam is required, your application will be processed in the same month that it is received, usually within a few days of receipt.

Please be patient and do not call us unless your circumstances have changed and you have new information to report. For example, you would need to report a change in income, a new address, a new telephone number, or if you have decided to withdraw your application.

### **WHO PROVIDES THE EYE EXAM?**

- If you have the financial means (for example, Medicaid, Medicare, private insurance) to pay for your eye exam, you may have your eyes professionally examined by whomever you choose and accept your method of payment.
- Ages 10 and up: If you do not have the financial means to pay for an eye exam, we will refer you to the Georgia Eye Institute and you will not be charged for the eye exam.
- Ages 6-9: If you do not have the financial means to pay for an eye exam, we will refer you to an appropriate eye care professional in the community who will donate their services.
- Ages 5 and under: It may be difficult and take more time to place a child who is age 5 or younger as we do not currently have an eye care professional who will take referrals from this age group.

### **WHAT ARE YOUR RESPONSIBILITIES?**

- The entire application form must be completed and all questions answered accurately and honestly.
- You must keep eye exam appointments and arrive on time. When we refer applicants to eye care professionals, they are donating their services to you. When you do not show up you waste the eye care professional's time and resources and the opportunity for someone else to receive much needed services.
- Once you obtain your prescription for eye glasses, go as soon as possible to order them from the eye glass provider we have identified to you in our approval notification letter. We allow you thirty days. Due to the great need for glasses in our community, we cannot guarantee that we will hold funds for your eye glasses after that time has expired.
- If your circumstances change (For example, if your income changes, if you move or your contact numbers change), call the Lions Club of Savannah immediately and tell us what has changed. If you fail to notify us of changes in circumstances including address/telephone changes, we may be unable to serve you or your family.

### **OUR ADDRESS AND CONTACT NUMBERS**

- Mail your completed application to:  
Tom Walsh  
Lions Club of Savannah  
Post Office Box 1598  
Richmond Hill, Georgia 31324
- If you wish to drop your completed application off at Chatham County Department of Family and Children Services (DFCS), put it in an envelope, address it to Tom Walsh, Lions Club of Savannah, and put it in the drop box outside the front entrance to the building. Chatham DFCS is located in Savannah at 716 Wheaton Street.
- You may fax (352-9191) or email ([twalsh11@comcast.net](mailto:twalsh11@comcast.net)) your completed application.
- The Lions Club of Savannah's telephone number is: (912) 354-4242.
- Provider contact information will be provided to you when you are approved.

Our club motto is "We Serve", and we look forward to serving you!

Tom Walsh  
Sight Conservation Chairman

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# LIONS CLUB OF SAVANNAH, GEORGIA

## *Eye Exam/Eyeglasses Application*

### INFORMATION ABOUT THE APPLICANT

Name of Applicant(First, Middle, Last): \_\_\_\_\_ Age: \_\_\_\_\_ Sex(circle): M F

Birth date(of applicant): \_\_\_\_\_ Social Security Number (of Applicant): \_\_\_\_\_

Name of Parent/Guardian (if applicant is a child): \_\_\_\_\_ Sex(circle) M F

Birth date (Parent/Guardian) \_\_\_\_\_ Social Security #(Parent/Guardian): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_ Lot#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address(if different from Street Address): \_\_\_\_\_

Apartment #: \_\_\_\_\_ Lot#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Does Applicant Work(circle one)? Yes No Does Parent/Guardian Work(if Applicant is a child)? Yes No

If Applicant(parent/guardian if applicant is a child) does not work, state reason(s): \_\_\_\_\_

Does Applicant(parent/guardian if applicant is a child) have Insurance(Medicaid, Medicare, Private)? Yes No

If yes: Medicaid # \_\_\_\_\_ Medicare # \_\_\_\_\_

Private Insurance(Company name): \_\_\_\_\_ Policy# \_\_\_\_\_

Telephone Number(s): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Telephone Number of Close Friend/Relative: Name \_\_\_\_\_ Tel.# \_\_\_\_\_

State reason(s) why you cannot afford vision care at this time?: \_\_\_\_\_

Have you asked for help from your family? Yes No If you asked, what did they say? \_\_\_\_\_

\_\_\_\_\_. If you have not asked, are you willing to ask? Yes No

If not, why not? \_\_\_\_\_

## HOUSEHOLD COMPOSITION & FINANCIAL INFORMATION

**How many persons live in your household?** \_\_\_\_\_ List **ALL** of them below. (NOTE: Your responses may be verified by Chatham County DFCS). If you need more space, continue on a separate piece of paper & attach to form.

**Household Member's Name**      **Relationship To Applicant**      **Birth Date**      **Age**      **Social Security #**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Provide your household's financial information.** (NOTE: Your responses may be verified by Chatham County DFCS)

**Household Member's Name**      **\*Monthly Earned Income**      **\*\*Monthly Unearned Income**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\* Income "earned" from a job or a business enterprise \*\* Income from "entitlements" like Food Stamps, SSI, SSDI, Social Security, TANF, VA benefits, Child Support, pension.

**Total Household Monthly Earned Income \$** \_\_\_\_\_ **Total Household Monthly Unearned Income \$** \_\_\_\_\_

### ✓ Check Off What You Need:

- ☐ Eye Exam & Prescription?
- ☐ New Lenses in a New Frame?
- ☐ New Lenses in an Old Frame?
- ☐ Old Lenses in a New Frame?
- ☐ Bifocals?

**Do you have a current prescription now?** Yes No

If yes, how old is it? \_\_\_\_\_

**Are you on Medicaid or Medicare?** Yes No

If not, why not? \_\_\_\_\_

**Have you ever used Medicaid or Medicare to pay for vision care?** If yes, when? \_\_\_\_\_

When was your last eye exam? \_\_\_\_\_ When was the last time you filled your eyeglass Rx? \_\_\_\_\_ When was the last time the Lions Club helped you with eyeglasses? \_\_\_\_\_ If your glasses are lost, broken or stolen, do you understand that the Lions Club of Savannah may only help with a one-time replacement? \_\_\_\_\_

If your application is approved your only cost is **\$5.00** payable to the Optical Company furnishing your glasses. The Lions Club of Savannah pays the balance of your bill for regular lenses and a regular frame, and line bifocals (if bifocals are needed). The Georgia Eye Institute (GEI) may file a Medicaid/Medicare/Private Insurance claim for your eye exam charges. Otherwise, upon acceptance of this approved Lions Club of Savannah application, The GEI will donate their services without charge to you or to the Lions Club of Savannah. No extra services of any kind are covered by the Lions Club of Savannah.

*"All information on and attached to this application is true and correct to the best of my knowledge and I understand that all services are limited to persons unable to pay for or receive this assistance from other sources. I am aware that the Lions Club of Savannah will not pay for any vision care expenses billed to me prior to the approval of this application. By signing below, I understand the terms, conditions, and limitations stated or implied anywhere in this application."*

\_\_\_\_\_  
Signature of Applicant (or Parent if Applicant is a child)

\_\_\_\_\_  
Date

**Action by Lions Club:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Not Approved** **Date of Lions Club Action:** \_\_\_\_\_

**Authorized Lions Club of Savannah Signature:** \_\_\_\_\_