

# Decherd Lions Club

## Application for Sight Services

Applicant's name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Nearest Phone \_\_\_\_\_

Eligibility (Check category which applies)

\_\_\_\_\_ Child under 18 not working and parent cannot provide

\_\_\_\_\_ Unemployed parent/guardian with children under 18

\_\_\_\_\_ Disabled individual who cannot work

\_\_\_\_\_ Over age 62 living on fixed income

\_\_\_\_\_ Unemployed or low income

Number in family or residence \_\_\_\_\_ Number working in family or residence \_\_\_\_\_

FAMILY INCOME (monthly)

Job \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_

Retirement Pension \$ \_\_\_\_\_ S.S.I \$ \_\_\_\_\_ Disabled V.A \$ \_\_\_\_\_

Families First \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Medicare Yes \_\_\_\_\_ No \_\_\_\_\_ TennCare Yes \_\_\_\_\_ No \_\_\_\_\_

Residential Status: \_\_\_\_\_ Buying \$ \_\_\_\_\_ \_\_\_\_\_ Renting \$ \_\_\_\_\_

Type of car: \_\_\_\_\_ paid for \_\_\_\_\_ or payments \$ \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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