



Pierre/Fort Pierre Lions Sight & Service Request



(PLEASE PRINT)

Name of individual needing assistance: _____

Address: _____

Age: _____ Length of County Residency: _____ Number of Household Members: _____

Phone Number Home: _____ Work: _____

Source of Income: _____

Please mark your household income and this will be your expected minimum contribution for the exam and glasses.

Up to \$16,000 (\$15) _____ \$16,001 to \$20,000 (\$20) _____ \$20,001 to \$25,000 (\$25) _____ Over \$25,000 (\$30) _____

State nature of request and why financial assistance is necessary:

Do you have a current prescription for glasses? _____ If No, can you obtain a current prescription for glasses? _____

Are you eligible for any of the following programs?

Title 19 (Yes/No) _____ Medicaid (Yes/No) _____ CHIPS (Yes/No) _____

Vocational Rehabilitation or Servie to the Blind/Visually Impaired (Yes/No) _____

If Yes to any, will they assist you with eye exams or glasses (Yes/No) _____

Are you currently employed? (Yes/No) _____ If No, are you currently seeking employment? (Yes/No) _____

Referral Agency: _____ Agency Person: _____ Phone # _____

Comments: _____

Applicant/Guardian Signature: _____

United Way Funds are used for some requests.



Approved _____ Disapproved _____ Date: _____

Amount Approved by the Sight & Service Committee: _____

Billing Received & Paid by the Treasurer: _____

Please Mail completed form to: Pierre/Fort Pierre Lions Club
Attn: Sight & Service Committee
PO Box 712
Pierre, SD 57501