

Lions Club
Visual Aid Assistance Form

Applicant: _____

Address: _____

School: _____ Grade: _____ Age: _____ Phone: _____

Parent or Guardian: _____ Phone: _____

Where Father Employed: _____ Pay Per Month: _____

Where Mother Employed: _____ Pay Per Month: _____

Other Income: _____ Pay Per Month: _____

Other Family Members

NAME	Age	EMPLOYED	IF YES WHERE	PAY PERMONTH
_____	_____	YES NO	_____	_____
_____	_____	YES NO	_____	_____
_____	_____	YES NO	_____	_____
_____	_____	YES NO	_____	_____
_____	_____	YES NO	_____	_____

EXPENSES:	PER MONTH	EXPENSES: :	PER MONTH:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State or Medicaid Program: _____

Name of Social Worker: _____

Parent or Guardian Signature: _____ Date: _____

Please Mail:
Form To

Lion Dan Eagles
601 W. Judd Street
Greenville, MI 48838

Doctor Requested: _____

Approved by Lions Club Committee Member: _____ Date: _____

Lions Clubs Visual Aid Assistance

At the District 11 E 1 Cabinet meeting in October, DG Lynnwood Mast asked that information be shared on procedures used by various clubs in responding to requests for assistance. The following outlines these procedures:

1. Each club has a designated person or Eye Glass Committee to deal with requests.
2. The applicant is asked to complete a "Visual Aid Assistance Form."
3. The individual or a family member may be interviewed, in person or by phone.
4. Based on information received in the application form and interview, a determination is made whether the individual qualifies for assistance.
5. When a person is qualified for assistance, the person is notified, and arrangements are made with the doctor. The club may have a doctor who is a member, or other local doctors with whom arrangements have been made.
6. The club may decide to pay the total cost of the eyeglasses at one of the the approved providers, or to pay for part of the cost with the applicant paying the remaining cost themselves.

Some additional considerations:

1. Through the application process, the club determines whether the applicant has sufficient financial resources to provide for their own services, or if they are eligible to apply to other sources, such as the Department of Social Services, or Medicare.
2. The club pays for the basic prescription (no tints, designer frames, etc.).
3. The club determines the maximum amount to be paid for the exam, frame and glasses. One club places the limit at \$105.34. Another at \$125. The club may also determine that it will pay one time only, requiring the applicant to budget for the next pair of eyeglasses.
4. One club does not use an application form. The Lions club member who deals with requests uses the national poverty guidelines for the area, and checks with the person requesting assistance to see if they have insurance, Medicare or Medicare spend down.
5. The American Optometric Association offers an assistance program for eligible, low-income working families called VISION USA. Information may be obtained at their web site, www.aoa.org, by phone at 1-800-766-4466, or by email at visionusa@aoa.org.
6. Wal-Mart stores provide a limited number of free glasses per store, per year, per county. It would be useful to become acquainted with the local store manager if you have one located in your county.

Lion Donald P. Veitengruber
Committee for Sight Conservation & Work with the Blind