

Top Portion to be Completed by Applicant

Patient Name _____

Address _____

Phone Number _____ Birth Date _____

Number of People in The Household _____

Have You Received Assistance from VSP in the Past 12 Months? Circle YES or NO

Please provide most current information.

House Payment/Rent per Month_\$ _____ Car Payment per Month_\$ _____

Housing Assistance per Month_\$ _____ Food Stamps per Month_\$ _____

Social Security/Disability per Month_\$ _____ Other Income per Month_\$ _____

Total Monthly Income_\$ _____

Total Yearly Household Income_\$ _____

Do you have Insurance? Circle YES or NO

If Yes, What Type? Insurance _____ Medicaid _____ Medicare _____

I _____, certify that the information given above is correct.

Date _____

To be Completed by Lions Club

Name of Assisting Lions Club _____

Name of Lions Contact _____

Mailing Address for Lions Contact _____

Phone Number _____ Email _____

Eye care services and prescription eyewear are not available through these certificates if already covered through a private insurer and/or government program.

“All questions must be answered and any application received with Zero Income and NO explanation, will be Declined.”

