



**Mansfield Lions Club**  
**Lions Clubs International**  
Post Office Box 622  
Mansfield, Washington 98830

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**Sight/Hearing Conservation Committee**  
**Assistance Request**

**Application Part A – Personal Information**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If a minor, Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

**Application Part B – Employer Information**

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Spouses Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Total Monthly Family Income: \_\_\_\_\_

Do you have:  Health Insurance  Medicare/Medicaid  DSHS  VA Benefits

**Application Part C – Requested Services**

How many people in the home? \_\_\_\_\_ Any others with vision problems? \_\_\_\_\_

Assistance Requested:  Eye Exam  Eye glasses  Hearing Exam  Hearing Aids

Why do you need the above listed services? \_\_\_\_\_

I am unable to pay for the above services because: \_\_\_\_\_

If you have asked for financial assistance from other sources, please state from whom and if any assistance was received: \_\_\_\_\_

Have you received services from any Lions Clubs in the past? \_\_\_\_\_

**Application Part D – Statement of Need**

By signing below, I certify that as a patient, parent, or guardian, I do not have sufficient resources to meet this financial need; that I do not have adequate insurance for any of the requested services; that the applicant patient does not have Medicare/Medicaid; and that I have sought assistance from the public County, State, or Federal programs available in this area and have been notified that the applicant patient does not qualify for such assistance for any of the requested services.

Applicant or Guardian Signature: \_\_\_\_\_

Print Name of Applicant or Guardian: \_\_\_\_\_

Please return to a member of the Mansfield Lions Club.  
If this request is for school, please return to the school nurse.

\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Committee Recommendation: \_\_\_\_\_

\_\_\_\_\_

Date Presented to Lions Club Board: \_\_\_\_\_ Applicant Co-Pay Amount \$ \_\_\_\_\_

Action of Lions Club Board:  Approved  Denied  Other \_\_\_\_\_

Date Invoice Received: \_\_\_\_\_ Date Invoice Paid: \_\_\_\_\_

Invoice Amount: \$ \_\_\_\_\_ Date Application Completed: \_\_\_\_\_