



Lions of Georgia
Serving Georgia Since 1920

Monroe Lions Club Vision Services Application

(Please Print Clearly)

REQUIRED: Please CHECK THE BOX for the services you are applying for

Eye Exam and Eyeglasses Eyeglasses Only

1. Last Name: _____ First Name: _____ MI: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

3. County of Residence: _____

4. Home Phone: _____ Mobile Phone: _____

5. Email: _____

6. Name of Parent or Guardian (if under 18) _____

7. Date of Birth: ____/____/____

8. Marital Status: Single Married Divorced Separated Widowed

9. Are you employed? YES No

10. If unemployed, list reason: Disabled Retired Lost Job Other

11. Are you a Veteran? Yes No

12. Check if you have or have had any of the following:

Glaucoma Diabetes Hypertension Stroke Cataracts

13. Insurance? Medicaid Medicare VA Grady Private Other None

14. Total number of people in household: _____

15. List Below total monthly income/expenses for each category for the entire household:

Total Employment Income \$ _____ Social Security Income \$ _____

Pension/Veteran Benefits \$ _____ Welfare (AFDC) Benefits \$ _____

Other Income \$ _____ TOTAL INCOME \$ _____

Grocery Expense \$ _____ Utility Expense \$ _____

Phone Expenses \$ _____ Rent/Mortgage \$ _____

Other Expenses \$ _____ TOTAL EXPENSES \$ _____

16. Have you received benefits from the Lions Club before? _____

Please complete ALL questions above in order for the application to be considered.