



**Columbia Lions Club  
1116 W. 7<sup>th</sup> Street #295  
Columbia, TN 38401**

A completed Application for Eyeglass Assistance is required prior to any consideration. A completed form must have copies of any SSI Benefits, Food Stamps assistance or other benefits that you may receive each month. Mail the completed form with any attachments to:

Columbia Lions Club  
Eyeglass Assistance  
1116 W. 7<sup>th</sup> Street #295  
Columbia, TN 38401

Once we receive your application you will be notified within 10 business days of our decision. Contact Sandra at 931-374-2367 with any questions.

The following Optometrist in Columbia, TN have partnered with the Columbia Lions Club to assist those in need of eyeglasses. If you chose to go out on your own to a non-participating Optometrist or Eyeglass Dispenser, the application will be void.

Primary Eye Care  
1225 Hatcher Lane  
Columbia, TN 38401  
931-388-2061



# Columbia Lions Club

## Application for Eyeglass Assistance

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

List of all in household that are employed: \_\_\_\_\_

List of all attending school / college: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Names of all in household: \_\_\_\_\_

Do you have Vision through employer: \_\_\_\_\_

List all agencies and date that you have received assistance with eyeglass: \_\_\_\_\_

By signing this application I authorize the use of information on this application by the Columbia Lions Club and its members, committees, and affiliates for the purpose of determining whether to help with expenses for outpatient eye care. I hereby authorize the Columbia Lions Club and its members to check and verify any of the information contained herein by contacting third parties as may be necessary. I understand that approval of this application is at the discretion of the Columbia Lions Club and / or its Sight Services Committees, and that such approval is not guaranteed. I agree to indemnify and hold harmless Columbia Lions Club, its members, committees, and affiliates, against any loss, damage, cost and expenses (including attorney's fees) arising from this application and any eye care, eye examination, eye treatment, glasses or other goods, medical treatment or other services provided as a result of this application.

Signature Patient /Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail application to:

Columbia Lions Club  
1116 W. 7<sup>th</sup> Street #295  
Columbia, TN 38401

Or E-Mail application to:

[lionscolumbia2@gmail.com](mailto:lionscolumbia2@gmail.com)

Interview Date: \_\_\_\_\_ Outcome: \_\_\_\_\_ By: \_\_\_\_\_

## Application for Eyeglass Assistance

### Financial Evaluation

#### Net Income

Employment: \$ \_\_\_\_\_

Spouse Employment: \$ \_\_\_\_\_

Tips: \$ \_\_\_\_\_

Unemployment: \$ \_\_\_\_\_

Social Security Disability: \$ \_\_\_\_\_

Social Security Retirement: \$ \_\_\_\_\_

SSI: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

Alimony : \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Veteran's Benefits: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_

#### Expenses

Housing / Rental Cost: \$ \_\_\_\_\_

Food (Including Food Stamps) \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Medical & Dental (Include prescriptions) \$ \_\_\_\_\_

Average Utilities \$ \_\_\_\_\_

Telephone (House and Cell) \$ \_\_\_\_\_

Insurance (Life, Auto Home, Medical) \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Doctor Selected: \_\_\_\_\_