



Glendale Evening - Longhaven Lions Club
 Student Eyeglass Program Chairman: Al Coir
 P. O. Box 23966, Phoenix, AZ 85063-3966
 Phone 623.846.7402, Fax 623.266-1164. C: 623.341.0604
 Email: acoir@cox.net

**PLEASE FAX TO:
 623-266-1164
 DO NOT Mail unless
 absolutely necessary.**

PLEASE PRINT CLEARLY USING PEN

Date: _____ School: _____

School Phone: _____ School FAX: _____ Email: _____

Nurse or Case Worker: _____ Phone: _____

Applicants Name: Last / First _____ Sex (Please Circle)
 _____ Male Female Date of Birth _____

Review and recommendations by Nurse or Care Worker: _____

Child currently wearing glasses?: _____ If so how old are they? _____

PLEASE ATTACH A COPY OF YOUR MOST RECENT EYEGLASS PRESCRIPTION, IF YOU HAVE ONE

For Applicants Family - Please fill in. Enter enough information so we can evaluate the case. List any extra expenses that might effect our decision to accept this applicant.

Para la familia de/ so/citante. Favor de llenar Favor de ESCRIBIR CLARAMENTE. Ingrese bastante informacion para poder valorar su caso. Incluya todos los gastos adicional/es que puedan afectar nuestra decision para aceptar este soicitante.

Address; City, State, ZIP
 Domicilio; Ciudad, Estado Codigo postal: _____

Home phone _____ Total Family Income Per Month
 Telefono de casa _____ Ingresos de la familia por mezl: _____ :

Fathers occupation: _____ Mothers Occupation:
 Empleo de Padre _____ Empleo de Madre: _____

Numero de ninos en la familia? _____ Numero total de los miembros de la familia?
 Number of children in family? _____ Total number of family Members _____

Family have AHCCS, or private insurance to cover glasses? III :IIIYES NO(PLEASE CIRCLE)
 Recibe la familia AHCCS o tiene seguridad privada que paga por lent: SI NO(FAVOR DE RODEAR)

Family receiving benefits from any public agency and if so name agency?: III YES ..NO(PLEASE CIRCLE)
 Si recibe la familia beneficios de alguna agencia publica, apunte el nombre?III SINO.. (FAVOR DE RODEAR)

Agency/Agenci: _____ State Amount:/Cantidad \$ _____

List major expenses and amounts in \$
 Apunte gastos mayores y la cantidad. _____

Parents Signature:Required / Firma de las padres requirid: _____

A \$20.00 Co-pay to the Lions Vision Center Un pago de \$20.00 a la medico de los ojos es necesario,

GLENDALE EVENING - LONGHAVEN LIONS CLUB USE ONLY

Approved by; Lion _____ of the Glendale Evening - Longhaven Lions Club.
 Approval Date: _____ Phone: _____ Email: _____

LIONS VISION CENTER OFFICE USE ONLY

Case No.: _____ Date Received: _____
 Approved By: ; _____ Date Approved _____