

# Burley Lions Club Eyesight / Hearing Application

*This form must be completed before being reviewed by the committee*



Applicant's Name \_\_\_\_\_ Gender: Male or Female Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State ID Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Husband (If Married) or Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Husband / Father's Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

Father's Monthly take home income \$ \_\_\_\_\_

Wife's (If Married) or Mother's name \_\_\_\_\_ Address \_\_\_\_\_

Wife's / Mother's Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

Mother's Monthly take home income \$ \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_

## Monthly Household Expenses:

Utilities \_\_\_\_\_ Food \_\_\_\_\_ Phone \_\_\_\_\_ Gas \_\_\_\_\_ Rent \_\_\_\_\_

Auto Insurance \_\_\_\_\_ Prescriptions \_\_\_\_\_ Cable TV \_\_\_\_\_ Misc. Expenses \_\_\_\_\_

I have lived in \_\_\_\_\_ county for \_\_\_\_\_ years.

Why are you applying for help in obtaining glasses / hearing aides? \_\_\_\_\_

Family Physician \_\_\_\_\_ Family Eye Doctor \_\_\_\_\_

Are you able to pay any part of this expense? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how much? \$ \_\_\_\_\_

Have you had previous help with glasses or hearing aides? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when/\$ \_\_\_\_\_

Are you entitled to other help with this expense? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, whom? \_\_\_\_\_

Who may we thank for referring you to the Lions Club? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Committee Members

Name \_\_\_\_\_ Y N

Name \_\_\_\_\_ Y N

Name \_\_\_\_\_ Y N

Name \_\_\_\_\_ Y N

Board Action: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Fax completed form to Lion Doctor Zarybnisky (Fax# 208-678-2949)**