

**BAYSIDE LIONS CLUB
SIGHT & HEARING CONSERVATION COMMITTEE
APPLICATION FORM**

DATE ___/___/___

ASSISTANCE NEEDED

SIGHT : Eye exam ___ Lens & Frame ___ Other _____

Prescription Yes ___ No ___ From Dr. _____

HEARING: Hearing Aid ___ Hearing Test ___ Other _____

PERSONAL INFORMATION

Print Name: _____
Last First MI

Address: _____

City: _____ **Virginia, Zip Code:** _____

Home Phone: ___/___/___ **Business Phone:** ___/___/___ **Cell:** ___/___/___

Date Of Birth: ___/___/___ **Age:** _____ **Parent/Gardian Name:** _____

School: _____ **Grade:** _____ **Phone:** ___/___/___

Applicants E-mail address (if available) : _____

DO YOU HAVE INSURANCE? Medicare ___ Medicaid ___ Other _____

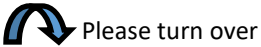
Income (include all individuals living in household)

- A) 1. _____ salary \$ _____ Wk \$ _____ Mo \$ _____
- 2. _____ salary \$ _____ Wk \$ _____ Mo \$ _____
- 3. _____ salary \$ _____ Wk \$ _____ Mo \$ _____

B) Other income?

SSI \$ _____ The Supplemental Security Income (SSI) program pays benefits to disabled adults and children who have limited income and resources.

ADC \$ _____ Aid to Dependent Children (ADC) Program



B) Other income? (continue)

SNAP \$ _____



The federal Supplemental Nutrition Assistance Program helps low-income people buy food. It's not necessary to be receiving other public assistance in order to be eligible, but people don't receive SNAP benefits automatically — they must apply and be found eligible.

SSDI \$ _____ Social Security Disability Insurance (SSDI) is a federally run benefits program that provides aid to people who are unable to achieve gainful employment due to a permanent disabling condition.

SS \$ _____ Social Security Benefits

VETS \$ _____ Veterans pension

CHILD SUPPORT \$ _____

OTHER \$ _____

Total Monthly Income A + B = \$ _____

EXPENSES MONTHLY

Mortgage Payments: 1st \$ _____ **2nd \$** _____

Rent: \$ _____ **Weekly** ____ **Monthly** ____

Automobile: Year ____ **Make:** _____ **Model:** _____ **Monthly Payment** _____

Utilities: \$ _____ **Loans \$** _____ **Insurance \$** _____ **Other \$** _____

Total Monthly Expenses \$ _____

Approved _____ **Denied** _____ **Reason** _____

Signature _____ **date** __/__/__