

**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

 Please turn over

**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: 1<sup>st</sup> \$ \_\_\_\_\_ 2<sup>nd</sup> \$ \_\_\_\_\_**

**Rent: \$ \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_**

**Automobile: Year \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Monthly Payment \_\_\_\_\_**

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

**Total Monthly Expenses \$ \_\_\_\_\_**

**Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_**

**Signature \_\_\_\_\_ date \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Return form to: Edward Stroh**

**4721 Woodwind Way**

**Virginia Beach, Va 23455**

**Or call : 650-0833**