Dublin Lions Club Vision Assistance Application

Please fill in ALL blanks or provide explanation for absence of information

Assistance is open to permanent residents of Pulaski County only

Application Dat	e:		
Applicant's name _			Age
Parent's name(s), if	applicant is a child		
Address (Physical &	z Mailing)*		
City, State, & Zip _		Ph	ione
Reason for needing	g assistance:		
Source of income**		Mont	hly Amount \$
Total Monthly Inco	me (including individuals liste	ed below) \$	
Other household me	embers (list all members, their	income, and relationship to	applicant)
Name	Relationship	Income	Source
(If more, complete b Monthly Expenses			
	m/Live with Family) \$ Medical \$		
Please provide infor	mation about any additional a	ssistance you receive (i.e. S	nap, WIC)
Do you have health	insurance that provides visior	n?Yes No (Medica	id or Medicare)? (Please Specify)
Has the Dublin Lior	ns Club provided you with ass	istance in the past? If so, wh	nen? ***
I certify the inform	nation on this application is t	true and correct.	
Signature of Applic	ant	Dat	e

If applicant is student, his or teacher, school nurse or administrator may sign this statement.

I, the undersigned, a teacher or faculty member at the below named school am familiar with the above-named applicant and recommend him/her as a worthy applicant in need of the assistance requested.

School Name

School Official _____

If signed by school, proof of residence will not be required.

Please return this application to:

Dublin Lions Club PO Box 1872 Dublin VA 24084

Applications will be reviewed and an approval voucher or denial letter will be sent to your address in 3-4 weeks.

- FRAUDULENT INFORMATION IS CAUSE FOR DENIAL
- *Dublin Lions Club reserves the right to request proof of residence, when instances arise.
- ****Income includes earnings from employment, social security, disability,** worker's compensation, child support, alimony, family support, side jobs and other received contributions.
- ***Approval will only be granted 3 years after prior approval

Date Application Approved / denied:	
Voucher #:	