



# Franklin Lions Club

**Please complete entire application and include your signature.**

**Mail Completed Application Directly to:**

**Emily Hudson , Franklin Lions Club, PO Box 521, Franklin, TN 37065**

## **Application For Sponsored Eyeglasses and/or Outpatient Care**

Applicant Name _____	Age _____	Date of Birth _____
Parent or Guardian Name (if applicant is a minor) _____		
Address _____	City _____	State _____ ZIP _____
SSN _____ - _____	Telephone # (HOME) _____	(CELL) _____ (WORK) _____

Employer _____	Hourly Rate \$ _____
Employer Address _____	Full or Part-time? _____
Spouse name _____	Where employed? _____
Hourly rate \$ _____	<b>Total Monthly Family Income \$ _____</b>

Children/dependents at Home? Yes ___ No ___	ages? _____
Are any members of your family under medical care? Yes ___ No ___	If yes, details _____
Monthly family expenses: rent/mortgage? \$ _____	Utilities? \$ _____ Debt? _____
Do you draw any government assistance? Yes ___ no ___	How much? \$ _____
What is the source? _____	Are you a Veteran? Yes ___ No ___
Is there insurance or someone else who could pay for these sight services? Yes ___ No ___	
Who? _____	Relationship _____ Telephone # _____

<b>Why glasses needed?</b> _____
Has the Lions Club helped applicant receive eyeglasses before? yes ___ no ___ when? _____
What Optician? _____
<b>Note: the Lions Club does not normally provide replacement glasses within three years.</b>

By signing this Application, I authorize the use of the information on this Application by the Franklin Lions Club and its members, committees and affiliates for the purpose of determining whether to help me with expenses for outpatient eye care or other expenses. I hereby authorize the Franklin Lions Club and its members to check and verify any of the information contained herein by contacting third parties as may be necessary. I understand that approval of this application is at the discretion of the Franklin Lions Club and/or its Sight Services Committee, and that such approval is not guaranteed. I agree to indemnify and hold harmless Franklin Lions Club, and its members, committees and affiliates, against any loss, damage, costs and expenses (including reasonable attorneys' fees) arising from this Application and any eye care, eye examination, eye treatment, glasses or other goods, medical treatment or other services provided as a result of this Application.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_ (edition 1/1/02)