



OKMULGEE LIONS CLUB ASSISTANCE REQUEST

Name: _____

Are You Employed? _____

Address: _____

Employer: _____

Okmulgee, OK 74447

Personal Info: Date of Birth: _____

Monthly Income: _____

Source of Income if not employed: _____
(Social Security, Disability, Child Support, etc.)

Amount Per Month: _____

Food Stamps? _____ Amount: _____

Do you have minor children as dependents living in your home? _____

Other: _____

Contact Phone #: _____

I certify the information above is correct & that I understand my obligation for the eye exam. I hereby authorize the release of any financial information needed by the Lions Club to determine my eligibility for assistance.

Applicant Signature

Date

It will be necessary for you to see and eye doctor for an exam. Should the doctor recommend glasses, this application will be considered by the Lions Club Eye Glass Committee and if approved, you will receive a letter of approval. You may take that letter to the eye doctor's office, who will bill the Lions Club for the approved amount.

Note: The Lions Club funds are not to be used to cover the eye exam.



Deep Fork Community Action Foundation, Inc.
Christie Baldrige – Executive Director
PO Box 670
Okmulgee, OK 74447
918-756-2826 Fax 918-756-5990

EYE EXAM RESULTS (TO BE COMPLETED BY DR'S OFFICE)

OKMULGEE LIONS CLUB APPLICANT: _____

ADDRESS: _____

DATE OF BIRTH: _____ DATE OF EXAM: _____

EXAM FINDINGS: VISION W/OUT GLASSES RT 20/____ LT 20/____ VISION WITH GLASSES RT 20/____ LT 20/____

____ NEAR SIGHTED

____ FAR SIGHTED

____ BIFOCAL NEEDED

____ GLASSES RECOMMENDED

____ ASIGMATISM

PHYSICIAN NOTES: _____

PHYSICIAN'S NAME PRINTED

PHYSICIAN'S SIGNATURE

PLEASE RETURN THIS FORM TO THE LIONS CLUB FOR EYE GLASS APPROVAL.

YOU MAY MAIL/FAX THE FORM TO: CHRISTIE BALDRIDGE – DFCAF
PO BOX 670
OKMULGEE, OK 74447
FAX – 918-756-5990

APPROVED / DENIED DATE: _____ AMOUNT: \$ _____