



**Chickamauga Lions Club
Application for Eyeglasses**

This is an application for glasses through the Chickamauga Lions Club. Glasses are furnished through and with the cooperation of the **North Georgia Vision Center 8390 North Hwy. 27 Rock Spring, GA 30739 Phone 706-375-1720**, from supplies that they made available to the Lions Club.

Date: _____, 20____

Name: _____ Telephone No. _____

Mailing Address: _____ City: _____ State: _____

Name of person needing eye glasses: _____ Age: _____

Number of persons living in home: Adults: _____ Children under the age of 18: _____

Has this person needing eye glasses ever received help from the Lions Club? () yes () no

If "yes" to the above, when did they last receive assistance from the Lions Club? _____

Do you receive and type of financial aid? () yes () no (Medicare, Medicaid, VA, Peachcare, etc.)

Please identify the kind of aid: _____

Please state the total monthly income of person(s) living in the home:

Name: _____ Monthly Income: _____

Name: _____ Monthly Income: _____

Name: _____ Monthly Income: _____

Please provide information as to who referred you to the Lions Club _____

Return application to – **Chickamauga Lions Club. P.O. Box 322, Chickamauga, GA 30707**
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This Application is: () **APPROVED** () **NOT APPROVED**

Chickamauga Lions Club by: _____ Date _____

Fax to **North Georgia Vision Center** 706-375-1729 Date: _____