



## Mountain Home Lions Club

PO Box 58  
Mountain Home AR 72654-0058  
870-425-2266

### SIGHT CARE ASSISTANCE APPLICATION

#### PATIENT INFORMATION

Name:

Age

Date of birth:

SSN:

Current address:

City:

State:

ZIP Code:

Phone:

Marital Status:

Male Female  
(Please circle)

Family Optometrist/Clinic:

Medicare #:

Medicaid#:

ArKids#:

Insurance:

Emergency Contact Name:

Address:

City:

State:

ZIP Code:

Phone:

#### PARENTAL/LEGAL GUARDIAN INFORMATION (COMPLETE FOR MINOR PATIENTS ONLY)

Name:

Relationship:

Date of birth:

SSN:

Marital Status:

Spouse Name:

Date of birth:

SSN:

Marital Status:

Current address:

City:

State:

Zip Code:

Phone:

#### FINANCIAL INFORMATION

Patient/Guardian employer:

How long?

Employer address:

City:

State:

Zip:

Work Phone:

Position:

Monthly Income:

<b>Financial Information Continued</b>			
<b>Spouse employer:</b>			<b>How long?</b>
<b>Employer address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Work Phone:</b>
<b>Position:</b>			<b>Monthly Income:</b>
<b>Other Income:</b>		<b>Amount other income:</b>	
<b>Number of Dependents:</b>	<b>Ages of Dependents:</b>	<b>Own Rent (Please circle)</b>	<b>Amount Pymt/Rent:</b>
<b>OTHER LOANS, DEBTS, OR OBLIGATIONS</b>			
<b>Description</b>	<b>Account no.</b>	<b>Balance</b>	<b>Monthly Payment</b>
<b>PLEASE DESCRIBE VISION PROBLEM</b>			
<b>Has applicant applied for sight care assistance at the Christian Clinic? If yes, please describe:</b>			
<b>Name of person/organization who referred you to the Lions Club:</b>			
<b>Has the person needing care received assistance from the Lions Club previously? If yes, date:</b>			
<b>By signing below I agree that all of the above information is true and correct and I authorize The Mountain Home Lions Club to verify any or all of the information provided.</b>			
<b>Signature of applicant</b> X			<b>Date</b>
<b>FOR CLUB USE ONLY</b>			
Action Taken: <input type="checkbox"/> approved <input type="checkbox"/> declined <input type="checkbox"/> referred <input type="checkbox"/> other			
Date:			