



Cottonwood Lions Club Foundation
(Serving only Cottonwood, Cornville, Clarkdale & Jerome, Arizona)
 PO Box 516 • Cottonwood, Arizona 86326
 (928) 380-0995



Request for Vision Assistance

(July 1, 2023 Version – Previous versions are obsolete)

Date Received: _____	Co-Pay: \$ _____	Appointment: _____
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Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

AGE of Person requesting Assistance: _____ Phone Number: _____

Email Address: _____

Number of Persons in Household: _____ Ages of Other Persons in Household: _____

Total Household Income: \$ _____ Weekly Monthly Annual

Attach the documentation of all persons in the household that provide support (Check all that apply):

W-2's AHCCCS Food Stamps Social Security Disability Other _____

In order to qualify for Vision Assistance, you must have resided in your current city (that we service) for at least 6 months; and your Total Household Gross Income cannot exceed 150% of the current Federal Poverty Guidelines.

What are your eyesight needs? Frames Lenses Exam All of the listed (Check Only One)

Insurance: AHCCCS, Medicare Other Insurance No Insurance (Attach a copy of your Insurance Card.)
(If you are on AHCCCS, you are required to provide a Medical Vision Referral from your Primary Care Physician)

Identification: (Please attach a copy of your Driver's License or other Official Government Issued ID).

Referral Agency or person: _____

Read carefully and initial each of the items listed below.

- _____ I understand that providing false information will waive the right to accept services.
- _____ I understand that if this application is approved, it is for single vision lenses. Additional types of lenses must be pre-approved.
- _____ I understand that I must pay the cost of the lenses of my glasses at the time of delivery. The frames and exam will be provided.
- _____ I understand that a \$25 deposit which will go towards the cost of your lenses is necessary before we can schedule your eyesight appointment.
- _____ I understand that appointments cancelled less than one week in advance or not attended will automatically cancel any services without a return of any deposit or co-pay.
- _____ I have attached written documentation of my residence for the last six months. (Landlord written statement would suffice).
- _____ I have attached the written documentation of ALL household income.

I certify that all the information provided is true and complete; and I give permission for the Cottonwood Lions Club Foundation to verify this information. *False statements are grounds for refusal of benefits.*

SIGNATURE: _____ DATE: _____

Services: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied
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