



# Cottonwood Lions Club Foundation

PO Box 516 • Cottonwood, Arizona 86326 • (928) 380-0995

## Student Request for Vision Assistance

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



Date Received: \_\_\_\_\_ Co-Pay: \$ \_\_\_\_\_ Appointment: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age of Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of School: \_\_\_\_\_ School Health Aide Name: \_\_\_\_\_

Total 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.*

### Monthly Expenses (Approximate Amount)

Rent or Mortgage Payment: \$ \_\_\_\_\_

Utilities (Phone, Gas, Water, etc.): \$ \_\_\_\_\_

Groceries \$ \_\_\_\_\_

Insurance (Auto, Health, Life, Property) \$ \_\_\_\_\_

Installment Payments (Indicate date of final payment)

Auto (Date) \_\_\_\_\_ \$ \_\_\_\_\_

Loan (Date) \_\_\_\_\_ \$ \_\_\_\_\_

Charge Cards (Date) \_\_\_\_\_ \$ \_\_\_\_\_

Medical (Doctor, Prescriptions) \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES:** \$ \_\_\_\_\_

Other Extraordinary Expenses or Situations

\_\_\_\_\_

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

Amount YOU can pay towards this need: \$ \_\_\_\_\_

Insurance:  AHCCCS,  Medicare  Other Insurance  No Insurance (Attach a copy of Insurance Card.)

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

By signing this Request for Vision Assistance, the undersigned parent or guardian certifies that all the information provided is true and complete; and gives permission for the Cottonwood Lions Club Foundation to verify this information. *False statements are grounds for refusal of benefits.*

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 ONLY. Any additional extra charges such as photo grays, transitional or any other charges above that of a standard single vision lenses must be paid by the parent.

\_\_\_\_\_ 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.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_