

**APPLICATION FOR SIGHT CONSERVATION AID**  
**GREENEVILLE LIONS CLUB**  
POST OFFICE BOX 776  
GREENEVILLE, TN 37744-0776

**ALL INFORMATION MUST BE FILLED OUT FOR APPLICATION**  
**TO BE CONSIDERED**

DATE: \_\_\_\_\_

The Greeneville Lions Club tries to assist families in need of glasses when family finances are such that they cannot afford to purchase them and no federal or state aid is available.

1. Person needing glasses:    Name \_\_\_\_\_ Age \_\_\_\_\_  
   Spouses Name \_\_\_\_\_  
   Address \_\_\_\_\_  
   \_\_\_\_\_  
   Phone \_\_\_\_\_
- 1a. IF CHILD:                      Childs Name \_\_\_\_\_  
   Child's School \_\_\_\_\_ Grade \_\_\_\_\_
2. Number of people residing in household: \_\_\_\_\_  
   \_\_\_\_\_ Age \_\_\_\_\_  
   \_\_\_\_\_ Age \_\_\_\_\_  
   \_\_\_\_\_ Age \_\_\_\_\_  
   \_\_\_\_\_ Age \_\_\_\_\_
3. Is applicant a diabetic?    YES \_\_\_\_\_ NO \_\_\_\_\_
4. Have the Lions assisted you before with glasses? YES \_\_\_\_\_ NO \_\_\_\_\_
5. How many vehicles (cars & trucks) do you have? \_\_\_\_\_  
   Make / Model: \_\_\_\_\_ Year: \_\_\_\_\_  
   Make / Model: \_\_\_\_\_ Year : \_\_\_\_\_
6. Do you work outside of the home or self-employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
   If yes, name of company \_\_\_\_\_  
   Weekly take home pay week \$ \_\_\_\_\_
7. If unemployed: how much assistance do you receive per week? \$ \_\_\_\_\_
8. Do you receive food stamps? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what is the amount per month you receive? \$ \_\_\_\_\_
9. Do you receive any government of state income? Yes \_\_\_\_\_ No \_\_\_\_\_  
   If Yes, amount of checks:    SSI \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_

State of Tennessee \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

10. Are you presently covered under TENN-CARE ? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Is there any other household income? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, how much? \$ \_\_\_\_\_

12. Please list monthly expenses: **(ALL MUST BE INCLUDED)**

Rent of Mortgage Payment	\$ _____
Automobile Payments	\$ _____
Credit Card Payments	\$ _____
Utilities	\$ _____
Groceries	\$ _____
Medical Payments	\$ _____
Cable TV	\$ _____
Cell Phone	\$ _____
Satellite	\$ _____
All Other Payments	\$ _____

13. Do you feel you can afford to help (any amount) on payment of glasses? Yes \_\_\_\_\_  
No \_\_\_\_\_ If Yes, how much can you afford? \$ \_\_\_\_\_

14. If you have Medicare, will it pay for your eye examination? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Please state the reason you feel that this financial aid is needed!

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I hereby certify that the above statements are complete and accurate to the best of my knowledge. I also hereby authorize the physician or optometrist and the Department of Human Services to release any information acquired in the course of my examination or treatment.

**DOCTOR APPOINTMENTS MUST BE COMPLETED WITHIN 60 DAYS  
FROM THE DAY YOU GET APPROVAL FROM THE LIONS CLUB!**

Signature of applicant or guardian: \_\_\_\_\_ Date \_\_\_\_\_

WITNESSED BY \_\_\_\_\_ Date \_\_\_\_\_

APPROVED: \_\_\_\_\_ DECLINED \_\_\_\_\_ DATE \_\_\_\_\_

Form dated: 01/01/2023

**Greeneville Lions Club**  
**P.O. Box 776**  
**Greeneville, TN 37744-0776**

The Greeneville Lions Club will support the Sight Aid Program in Greene County only.

Priority will be given to the following

A— Children under 18 years of age

B— 65 and older

C—Persons who are diabetic

D—Others as deemed necessary and proper by the Sight Aid Committee

For all applicants:

All information must be filled out on the application, or it will be null and void.

All grants will be for basic frames and lens.

Assistance will be given only once to adults and in the case of a child or Student's prescription has changed.

Maximum assistance granted will be \$100.00

Client must use a Doctor in the Greeneville area.

A completion of exams and glasses will be accomplished in 120 days, or the approval will be null and void, unless special circumstances come to light to the Committee.

You must certify that all the information on the form must complete and accurate to the best of your ability. You must authorize the Greeneville Lions Club to obtain and/or release any information from any source pertaining to the request for assistance.

You must have the completed form WITNESSED by someone who knows of your needs. Such as a Health Care Professional, Social worker or an Eye Doctor.

January, 2023