



Washoe County Lions Sight Conservation Committee

APPLICATION FOR ASSISTANCE WITH AN EYE EXAM AND GLASSES



This application must be fully completed for consideration. An incomplete application will be returned.
Applications for minors must include parent/guardian employment and total household income.

Applicant's Name: _____ Date: _____

Applicant birthdate: _____ Email: _____ Phone: _____

If you do not speak English, who may we contact who does? _____ Phone: _____

If the applicant is a minor, name of one parent or guardian: _____

Present mailing address: _____

City, State, ZIP: _____

Total people in household: _____ School name (students only): _____

How long have you lived in your current county of residence? _____

Name of employer, or parents' employers (if applicant is a minor): _____

Does the applicant have **vision insurance**? (Medicaid, Medicare, child welfare, employer, etc.) Yes No

What is your household's **total monthly income**, including alimony, child support, etc.? \$_____/month

If you, or a minor applicant's parents, have no income, please explain how your expenses are paid: _____

When was the applicant's last eye examination by a doctor of optometry or ophthalmology? _____

If you wear glasses now, when did you receive your last pair of eyeglasses? _____

Your current eyeglasses are for: Reading Distance

Name of your eye doctor: _____

Who referred you to this Lions program? (doctor/clinic/agency/self/web/other) _____

If a school nurse, case manager or similar professional provided the referral, please give us their information:

Referrer's Name: _____ Phone: _____

Signature of parent/guardian or adult applicant: _____

Please mail COMPLETED application to: [WCLSCC, P.O. Box 11935, Reno, NV 89510](mailto:wclsc@gmail.com)
or email to wclsc@gmail.com • Questions? 775-453-4726 or wclsc@gmail.com

**APPLICATIONS ARE REVIEWED THE SECOND WEDNESDAY OF EVERY MONTH,
AND MUST BE RECEIVED BY THE FRIDAY PRIOR TO THAT DATE.
SERVICES AVAILABLE ONE TIME ONLY IN 12 MONTHS. LOST GLASSES WILL NOT BE REPLACED.**

Acuity (if known): R: _____ **L:** _____ **Both:** _____