

# Lions Club

## Sight & Hearing Assistance Request

Application Processing & Documentation Record

Applicant Name: \_\_\_\_\_

Date Referral/Request received: \_\_\_\_\_

Processed By: \_\_\_\_\_

### Sight Assistance

Date Application Mailed: \_\_\_\_\_

Date Application returned: \_\_\_\_\_

Assistance Requested:  Exam  Glasses  Both

Application Returned Completed?  Yes  No

Income Verification Provided?  Yes  No

Follow-up Letter sent?  Yes (Date: \_\_\_\_\_)  No

Follow-up info received?  Yes (Date: \_\_\_\_\_)  No

Application Determination:  Approved  Denied

Date Approval/Denial Letter Sent: \_\_\_\_\_

Date of Vision Exam: \_\_\_\_\_

Provider Used: \_\_\_\_\_

Provider Amount Billed: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Lions Club Check Number(s): \_\_\_\_\_

Notes:

### Hearing Assistance

Date Application Mailed: \_\_\_\_\_

Date Application returned: \_\_\_\_\_

Application Returned Completed?  Yes  No

Income Verification Provided?  Yes  No

Follow-up Letter sent?  Yes (Date: \_\_\_\_\_)  No

Follow-up info received?  Yes (Date: \_\_\_\_\_)  No

Date App Sent to OLSHF: \_\_\_\_\_

OLSHF Determination:  Approved  Denied

Date Approval/Denial Letter Sent: \_\_\_\_\_

Date of Hearing Exam: \_\_\_\_\_

Provider Used: \_\_\_\_\_

Provider Amount Billed: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Lions Club Check Number(s): \_\_\_\_\_

Notes: