



Lake of the Woods Lions Club  
 Eyeglass and Hearing Aid  
 Application Form

Applicants name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ School if applicable \_\_\_\_\_

Parents/Adults Name (if student) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Town & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent(s)/ Adult(s) Employment \_\_\_\_\_

Address \_\_\_\_\_

Income From Same? \_\_\_\_\_ Weekly? \_\_\_\_\_ Monthly? \_\_\_\_\_

Other Income? \_\_\_\_\_

Number in Family Dependent on above income? \_\_\_\_\_

Do You Have Insurance? \_\_\_\_\_ With who? \_\_\_\_\_

Are You On Welfare Assistance? \_\_\_\_\_

Are you receiving Medicaid? \_\_\_\_\_ Are you receiving FAMIS? \_\_\_\_\_

Has Applicant Previously received help from the Lions Club \_\_\_\_\_

If so, Date and type of help? \_\_\_\_\_ More than once? \_\_\_\_\_

Referred to the Lions by? \_\_\_\_\_

I certify that the above information is true. I understand/agree that the LOW Lions Club has the right to verify any information submitted.

Signature of Applicant \_\_\_\_\_

Signature of parent/adult \_\_\_\_\_

Must be submitted within 30 days of receipt! Return to: RonMoffa

[ronsacre@comcast.net](mailto:ronsacre@comcast.net)

phone 540-406-9258

3505 Lakeview Pkwy

Locust Grove, VA 22508

FOR COMMITTEE USE ONLY

Record of previous help by the Lions Club? Yes/date \_\_\_\_\_ No \_\_\_\_\_

Recommended Lions Club Provide help? Yes \_\_\_\_\_ No \_\_\_\_\_

Committee Chairman Signature \_\_\_\_\_ Date \_\_\_\_\_