



Columbia Lions Club
1116 W. 7th Street #295
Columbia, TN 38402

columbiaeyeglassassistance@gmail.com

A completed Application for Eyeglass Assistance is required prior to any consideration. A completed form must have copies of any SSI Benefits, Food Stamps assistance or other benefits that you may receive each month.

Mail the completed form with any attachments to:

Columbia Lions Club
Eyeglass Assistance
1116 W.7th St. #295
Columbia, TN 38402

Once we receive your application you will be notified within 10 business days of our decision. Contact Sandra at 931-374-2367 with any questions.

The following Optometrists in Columbia, TN have partnered with the Columbia Lions Club to assist those in need of eyeglasses. If you chose to go out on your own to a non-participating physician, the application will be void.

Cheeks Optical
1922 Shady Brook St.
Columbia, TN 38401
931-388-2061

Dr. Terry Hendrickson
403 North Garden St.
Columbia, TN 38401
931-380-2020

Dr. Vicky Young
Primary Eye Care
1225 Hatcher Lane
Columbia, TN 38401
932-388-2061



Columbia Lions Club

Application for Eyeglass Assistance

Name _____

Address _____ City _____ Zip _____

Phone (home) _____ (cell) _____ (other) _____

Legal Guardian _____

Address if different from above _____

Date of Birth _____ Age _____ Sex _____ Social Security # _____

Employer _____ Address _____ Phone _____

List all in household that are employed _____

List all that are attending school /college _____ Grade _____ Teacher _____

Name of people in household (list all) _____

Do you have Vision insurance through employer? _____

List all agencies and date that you have received assistance with eyeglass _____

By signing this application I authorize the use of information on this application by the Columbia Lions Club and its members, committees, and affiliates for the purpose of determining whether to help me with expenses for outpatient eye care. I hereby authorize the Columbia Lions Club and its members to check and verify any of the information contained herein by contacting third parties as may be necessary. I understand that approval of this application is at the discretion of the Columbia Lions Club and / or its Sight Services Committees, and that such approval is not guaranteed. I agree to indemnify and hold harmless Columbia Lions Club, its members, committees, and affiliates, against any loss, damage, cost and expenses (including reasonable attorney's fees) arising from this application and any eye care, eye examination, eye treatment, glasses or other goods, medical treatment or other services provided as a result of this application.

Signature Patient / Legal Guardian _____ Date _____

Please mail application to: Columbia Lions Club

1116 W. 7th St. #295

Columbia, TN 38402

Lionscolumbia2@gmail.com

Interview Date: _____

Net Income

Employment \$ _____

Spouse Employment \$ _____

| | | |
|----------------------------|----------|-----------------|
| Tips | \$ _____ | |
| Unemployment | \$ _____ | |
| Social Security Disability | \$ _____ | |
| Social Security Retirement | \$ _____ | |
| SSI | \$ _____ | |
| Pension | \$ _____ | |
| Food Stamp | \$ _____ | |
| Alimony | \$ _____ | |
| Child Support | \$ _____ | |
| Veteran's Benefits | \$ _____ | |
| Other | \$ _____ | |
| TOTAL INCOME | | \$ _____ |

Expenses

| | | |
|---|----------|-----------------|
| Housing Cost | \$ _____ | |
| Food (including Food Stamps) | \$ _____ | |
| Transportation | \$ _____ | |
| Medical & Dental (including prescriptions) | \$ _____ | |
| Average Utilities | \$ _____ | |
| Telephone (Home and Cell) | \$ _____ | |
| Insurance (Life, Auto, Home, Medical) | \$ _____ | |
| TOTAL EXPENSES | | \$ _____ |

Approved Yes No

Doctor Selected: _____