



**Columbia Lions Club**

**P.O. Box 694**

**Columbia, TN 38402**

[columbiaeyeglassassistance@gmail.com](mailto: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

P.O. Box 694

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

P.O. Box 694

Columbia, TN 38402

[maurycountylionscolumbia@gmail.com](mailto:maurycountylionscolumbia@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	\$ _____	
<b>TOTAL INCOME</b>		<b>\$ _____</b>

**Expenses**

<b>Housing Cost</b>	\$ _____	
<b>Food (including Food Stamps)</b>	\$ _____	
<b>Transportation</b>	\$ _____	
<b>Medical &amp; Dental (including prescriptions)</b>	\$ _____	
<b>Average Utilities</b>	\$ _____	
<b>Telephone (Home and Cell)</b>	\$ _____	
<b>Insurance (Life, Auto, Home, Medical)</b>	\$ _____	
<b>TOTAL EXPENSES</b>		<b>\$ _____</b>

Approved \_\_\_\_\_ Yes \_\_\_\_\_ No

Doctor Selected: \_\_\_\_\_