



HAMILTON LIONS CLUB
POLICY FOR SIGHT CONSERVATION ASSISTANCE
(363-2020)

These policies are adopted to facilitate requests for assistance in a fair and equitable manner. Our first priority for assistance is for children attending school, including preschool. ALL persons needing assistance will be considered. Applications need to be filled out entirely and mailed to the Lions Club at PO Box 1564 Hamilton, MT 59840. They can also be faxed to 406-363-0646 or dropped off at Big Sky Eye Care. If any questions about the application arise please call Dr. Wilkins at 363-2020.

All applications will be considered individually by our Sight Conservation Committee for approval. You will be notified within 3 or 4 weeks of receiving your application. In some cases, review by the Lions Club Board of Directors maybe necessary. If there will be a delay, you will be notified. Each considered applicant will be eligible for exam and glasses once every three years with a maximum of three times in their lifetime.

The applicant is required to pay a co-pay of \$25.00 for an examination and \$25.00 for eyeglasses. Authorization from the Hamilton Lions Club is **required before** any scheduled examination and purchase of glasses. Assistance may be authorized by Hamilton Lions Club up to the following cost:

\$60.00 for each examination
\$120.00 for single vision glasses **OR**
\$160.00 for bifocals or trifocals

The maximum cost allowed per applicant will be \$220.00. Each application will be assessed individually.

Any person wishing to pay the difference between allowances and higher priced glasses or contacts will be **disqualified** from assistance. However, the applicant may pay the difference to get an upgraded lens if prescribed by the eye care professional. For example: high index or aspheric lenses if needed for high minus or plus prescriptions.

PROCEDURE FOR OBTAINING LIONS CLUB
SIGHT CONSERVATION ASSISTANCE

After filling out this form and mailing, faxing, or dropping it off at Big Sky Eye Care as stated above it will go through the review process. If any information is missing your application will be returned. If approved, the applicant should take the approval form to the eye care professional of choice in Ravalli County.

Sight Conservation Committee Approval: _____

Lions Board Approval (if applicable): _____

Mail or Fax completed application to:

**Lions Club
PO Box 1564
Hamilton, MT 59840
Fax: (406) 363-0646**

LIONS SIGHT ASSISTANCE REQUEST (ADULT OR CHILD)

Date: _____

1. Name of Person Needing Assistance _____
 Date of Birth _____ Age _____ Social Security # _____
 Mailing Address _____ Phone # _____
 How many members in your family _____ Adults _____ Children _____
2. Name of Parent or Guardian (if completing for a minor) _____
3. Request is for (be specific) _____

When was your last eye exam? _____ How was it paid? _____

When was your last pair of glasses? _____ How was it paid? _____

4. Any health problems? _____
5. Family health problems? _____
6. Vehicles owned (Make, Year & Model) _____

7. MONTHLY INCOME (please combine all income brought into home)

Name of Employers _____ Total Gross Income _____

SS Benefits _____ Veterans Benefits _____ Pension _____

Public Assistance _____ Unemployment _____ Disability Income _____

Other Income _____ Savings Accounts _____

8. Insurance _____ Medicare _____ Medicaid _____

9. MONTHLY EXPENDITURES

Groceries _____ Rent/Mortgage _____ Gas/Transportation _____

Phone _____ Utilities (garbage, water, electric) _____ Other _____

10. DEBTS OWED:

<u>Name of Firm Owed</u>	<u>Unpaid Balance</u>	<u>Monthly Payment</u>
Dentist _____	_____	_____
Doctor _____	_____	_____
_____	_____	_____
Hospital _____	_____	_____
_____	_____	_____
Other _____	_____	_____
_____	_____	_____

PLEASE NOTE: Lions Club does not pay for upgrades on glasses or for Contact Lenses. Lions Club is a non-profit organization dedicated to serving those in need. It is not intended to take the place of insurance. Lions Club takes pride in providing services to as many people in need as possible. We ask that you review the front of the application form before filling out the application.

 (Signed by applicant, parent or guardian) Date