



**Pearisburg Lions Club
Eye Exams and Glasses
Process for Applying and Receiving Assistance**

Lions Clubs International is the largest service organization in the world. Our motto is: we serve. Lions give sight. By conducting vision screenings, equipping hospitals and clinics, distributing medicine and raising awareness of eye disease, Lions work toward their mission of providing vision for all. We have extended our commitment to sight conservation through countless local community projects and through our international SightFirst Program, which works to eradicate blindness.

One of the signature activities of the Pearisburg Lions Club is to provide financial assistance to those in need in obtaining an eye exam and glasses. A sizable portion of all club fund-raising activities is funneled to this worthy cause.

Application, approval, and process for receiving assistance are outlined below:

- Only individuals in the central Giles County district are eligible for consideration of support from the Pearisburg Lions Club.
- All applicants must complete an application for assistance and submit it to the club (P.O. Box 452, Pearisburg)
- The club Sight Chairman makes a recommendation to accept or reject the application. Department of Social Services personnel may be used to screen the application for accuracy and provide other pertinent information if available. Recommended applications are forwarded to the club Secretary.
- Requests for eye exams and glasses are a standing agenda item at the monthly club Board of Directors meeting. The club secretary presents all received applications to the board where they are approved or rejected.
- The club Secretary mails a letter to approved applicants detailing subsequent steps for arranging an eye exam and obtaining glasses if required. The eye exam and basic glasses are provided free of charge to all approved applicants.
- The process outlined may occur over an estimated period of three to eight weeks depending on calendar schedules and receipt of application forms.



Pearisburg Lions Club Sight Conservation Program
Revised 7/7/2013

All information **MUST** be completed or application will be rejected.

Club Use only	
	Previous Assistance Date
	Approved
	Denied

Date: _____ Age: _____ Sex: _____

If student - circle School: Macy Eastern Giles High Other _____

Applicant's Name: _____ Tel #: _____

911 (Physical) Address : _____

If applicant is a minor or a student, the parent/guardian responsible for him/her must sign below:
Note that this signature grants the Giles Department of Social Services permission to release pertinent financial information to the Pearisburg Lions Club to evaluate this application.

Printed name of Parent/Guardian/Self

_____ Signature _____ Date _____

Own a Home: _____ Rent: _____

Total Household Income _____ circle >>> weekly monthly
Type > wages \$ _____; Public assistance \$ _____; Food Stamps \$ _____;
Social Security \$ _____; Other \$ _____

Number of family members dependent on this income: _____
Names of all in household: _____

Present employment: _____ How Long? _____
Past Employment _____ How Long? _____
Is family on welfare assistance - if so type: _____

Have you ever received eyeglass assistance from the Lions Club? _____ If so, when _____
Person/organization referring applicant to Club for assistance:
Name: _____ Ph: _____ Date: _____
Circle one: School DSS Health Dept Individual Civic Organization Other _____

DSS Information - if applicable:	
Medicaid Yes or No;	Food Stamps \$ _____; AFDC \$ _____; Social Security \$ _____;
Other info:	

Please forward all applications to the Pearisburg Lions Club, PO Box 452, Pearisburg, VA 24134