



LIONS EYE CLINIC, INC.
APPLICATION FOR SERVICE

Funded by Lions District 13-C - Phone: 216-363-2500

Located at St. Vincent Charity Medical Center - 2351 East 22nd Street - Cleveland, Ohio 44115

COPAY OF \$10.00 IS REQUIRED PRIOR TO YOUR PRESCRIPTION EYEGASSES BEING ORDERED

GENERAL INFORMATION: COMPLETE IN FULL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Circle: Male/Female

Date of Birth: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

If Service for Minor name of Guardian/Parent: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Own home (YES) (NO) \_\_\_\_\_ Number of Dependents including spouse and self: \_\_\_\_\_

HOUSEHOLD INCOME

Employer: \_\_\_\_\_ Spouses Name: \_\_\_\_\_

Yearly Income:\$ \_\_\_\_\_ Spouse's Income:\$ \_\_\_\_\_

Source of Income: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Food Stamps( ) Yes ( ) No Subsidized Housing ( ) Yes ( ) No

HOUSEHOLD EXPENSES

Rent/Mortgage:\$ \_\_\_\_\_ Food:\$ \_\_\_\_\_

Electric, Water, Heat:\$ \_\_\_\_\_ Medical:\$ \_\_\_\_\_

Other:\$ \_\_\_\_\_

SERVICES REQUESTED

( ) Eye Glasses ( ) Surgery

Do you Have Medicare?( ) Yes ( ) No If Yes what is Medicare Entitlement No.? \_\_\_\_\_

Do you Have Medicaid?( ) Yes ( ) No If Yes what is Medicaid Case No.? \_\_\_\_\_

Last date Applicant received service from the Lions Eye Clinic: \_\_\_\_\_

Type of service rendered previously by the Lions Eye Clinic to Applicant: \_\_\_\_\_

I affirm that above information is true and correct. I understand that the Information which I have provided is subject to verification by the Lions Eye Clinic, Inc. and/or by St. Vincent Charity Medical Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if under 18: \_\_\_\_\_

The Lions of Northeast Ohio provide prescription eyeglasses to persons at or below the Federal poverty guideline levels and have not received prescription eyeglasses from any public or private organization in the past two years

Applicants please note: Funding for the services and procedures requested on this form are provided to you through the hard work and generosity of the Lions Clubs' fund raising projects by approximately 1,100 Lions club members of the 40 Lions clubs within the northeastern portion of Ohio.

FOR LIONS USE ONLY

Agency/Organization Submitting Application

Club/Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Reason for Application: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Review Committee Action

Approved: \_\_\_\_\_

PBO: \_\_\_\_\_

Denied: \_\_\_\_\_

Hold \_\_\_\_\_

Released: \_\_\_\_\_

Database Check: \_\_\_\_\_

Enter Computer: \_\_\_\_\_

COMMENTS

4/7/11

The Lions of Northeast Ohio provide prescription eyeglasses at no charge to persons at or below the Federal poverty guideline levels and have not received prescription eyeglasses from any public or private organization without charge in the past two years

**LOCATION OF EYE CLINIC**

St Vincent Charity Medical Center  
2351 East 22<sup>nd</sup> Street  
Cleveland, Ohio 44115

**Parking**

Park in large lot on East 22nd Street across from the main hospital building.  
\$1.00 For every Half Hour or \$4.00 for the Day. Full Eye Exam Runs One and Half Hour to Two Hours Long.

**PROCEDURES:**

1. Call 1-216-363-2523 to make an appointment at the Lions Eye Clinic at St. Vincent Charity Medical Center.
2. Once patient has eye examination, they will receive a Lions application which should be completed in full and submitted to the personnel at the clinic.
3. The Lions review the applications every other Wednesday and send an approval form to Geauga Vision Opticians.
4. Geauga Vision will notify the patient by mail or telephone that they should visit the shop at St. Vincent Charity Hospital for measurements and fitting of eyeglasses.

**2010 HHS Poverty Guidelines**

1 Person in family or household	\$10,830	
2	“	14,570
3	“	18,310
4	“	22,050
5	“	25,790
6	“	29,530
7	”	33,270
8	“	37,010
Each addition person add		3,740