



# Glendale Evening - Longhaven Lions Club Adult Eyeglass Assistance Project



Chairman Al Coir  
5201 W. Camelback Rd, A-168, Phoenix, AZ 85031  
H 623.846.7402, M 623.341.0604,

Date Received: \_\_\_\_\_

**PLEASE PRINT USING PEN.**

Applicant: \_\_\_\_\_ Sex Male Female (please circle)

Full Name (Last, First, Initial)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cel Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Who Referred you to the club? \_\_\_\_\_

Insurance, AHCCCS, Medicare (please specify) \_\_\_\_\_

Monthly Budget: This is monthly income and expenses of the household.

Income husband: \$ \_\_\_\_\_ Wife: \$ \_\_\_\_\_ Other income \$ \_\_\_\_\_

Please list all other incomes(e.g. SSI, SS, Food Stamps, ADC, Interest, Dividends, Royalties, 401K or Retirement Funds)

**TOTAL MONTHLY INCOME** (Please total all of the above) .....\$ \_\_\_\_\_

Please list ALL monthly expenses

Rent or Mortgage Payment .....\$ \_\_\_\_\_

Utilities; (Phone, Gas, Electric, Water etc) .....\$ \_\_\_\_\_

Food .....\$ \_\_\_\_\_

Insurance, (Auto, Health, Life, etc) .....\$ \_\_\_\_\_

Installment Payments

Dates of final Payment

Auto \_\_\_\_\_ .....\$ \_\_\_\_\_

Loans/charge cards \_\_\_\_\_ .....\$ \_\_\_\_\_

Other Monthly Expenses (Child Support/Medical. etc).....\$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** .....\$ \_\_\_\_\_

Please include any unusual or extraordinary expenses on the reverse. If you have No income or expenses, please explain your living arrangements.

***Club contribution covers only single vision and single plain bifocals. Any additional options are your responsibility***

**(OVER)**

**Club contribution covers only single vision and single plain bifocals. Any additional options are your responsibility**

The \$40.00 money order or cashiers check made out to “**Glendale Evening Longhaven Lions Club**” must be returned with this application to the address above. All monies collected are non-refundable, so you must show up for the appointment.

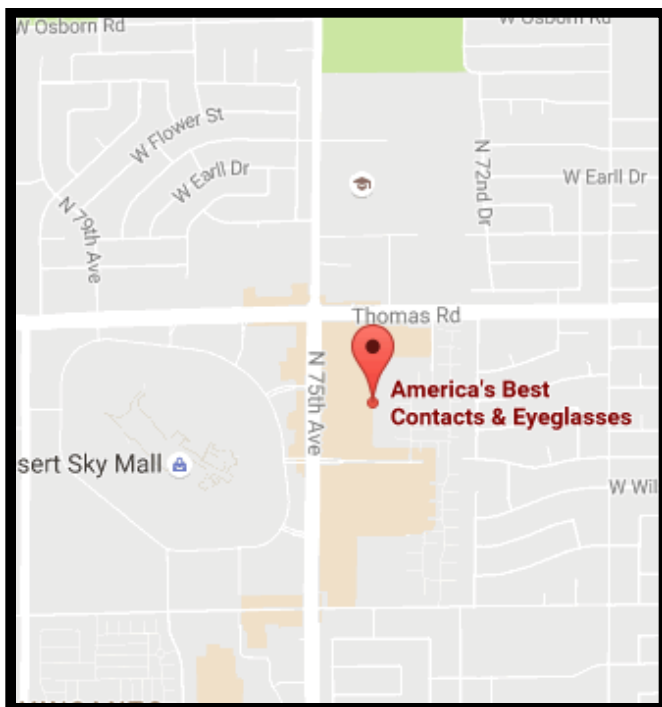
The application must be filled out in English.

You will be contacted by a club member when approved.

The exam and glasses will be processed at:

America’s Best  
7333 W, Thomas Road  
Phoenix, AZ 85035  
(623) 247-0777

This location is easily accessed via public transportation.



LION CLUB USE ONLY: RX _____ Processed: _____
APPROVED: _____ CASE #: _____ BEST CON: _____
NOTE : _____