

Tulsa Downtown Lions CLub

3100 S Jamestown, Suite 48 Tulsa, OK 74135-4454 (Phone) 918-742-5555 Serving the Tulsa area since 1916

Application for Eye Exam/Eyeglasses ADULT						
MUST live in the metropolitan Area You can only apply every two years						
Section 1- Application Information (Please Print or Type)						
Request for:	Eye Exam	Eyeglasses	I have	a cur	rent prescription	
Applicant First Name	Applicant Last Nam	e		Age	Date	
Home Address No POBox (Must be a permanent address) Apartment Phone				Phone (Required)	
City	State	Zip Code	Email address	•		
How many in the household? #Adults #Children	Applicant or Guardian Signature (Required)				Were you referred by an agency? If so, who?	
#Children Relationship to applicant EMAIL COMPLETED APPLICATION TO tulsadtlions@outlook.com						
or						
mail to 3100 S Jamestown Suite 48 Tulsa, OK 74135						
Section 2-Insurance and Financial Information						
Insurance Coverage				LY EXPENSES		
Check all that apply					age from month to month)	
	Applicant Wages		Mortgage/Rent/Ut	tilities		
Private Insurance			Groceries			
	Medicare Domestic Partner Car payment/Insurance Medicaid Welfare Benefits Medical/Prescriptions Sooner Care Social Security Credit Cards					
			OTIS			
	Disability		Other			
	Food Stamps		Other			
	Unemployment					
Other	Other					
Section 8 or	Total Monthly		Total Month	alv		
subsidized housing	Income Required		Expenses Requ	-		
Section 3-Disclosure of Financial Information						
The financial information collected on this application will be used to evaluate your qualification for the eye exam/eyeglasses at no cost to you. This information will not be shared and will be destroyed when it is no longer needed. You are receiving assistance through the Tulsa Downtown Lions CLub Sight Conservation Program.						
Office use ONLY						
Referral agency:						
Approved YES NO Approved by: Assigned to: Date:						