

Union County Lions Club LIONS CLUB INFORMATION APPLICATION FOR SIGHT IMPROVEMENT ELIGIBILITY VISION VAN MAYNARDVILLE SATURDAY MAY 10, 2025

NAME	DATE			
Date of Birth	Phone #			
Present Address				
(Street)		(State)	(Zip)	
Are you employed If yes, where?				
List the names, addresses and phone numbers of	3 relatives NOT living	with you:		
Numbers of dependents living with you				
Any children If yes, list their ages				
Marital Status - Circle One: Married Single Div	vorced Widowed			
Do you currently receive any of the following form	ns of assistance? Circ	le if applicable	:	
AFDC Social Security Retirement SSI Food S Other (specify)	•			
Are any of your family members able to help you explain	• •		•	

Are you able and willing to pay \$25 toward the cost of eyeglasses or and eye examination?

Sources of Income (Monthly) Exper	nses (Monthly)
Salary or Wages	Rent
Alimony	KUB
Child Support	Phone
Other (specify	Groceries
Income Total	Transportation
	Medical Bills
	Auto Insurance
	Home Insurance
	Life Insurance
	Charge Accounts
	Health Insurance
	School Expenses
	Clothes
	Child Support/Alimony
	Misc. Expense Total
	Total Monthly Expenses
Who referred you to Union County Lions Club?	

The Lions Club wants to help provide eyeglasses and examinations for those people who are truly in the need of such assistance. Therefore, we want to make certain that we do not provide assistance to those who can help themselves or who have family who can help. We will check the information provided on this page: and after we compete our evaluation, we will contact you by phone with an appointment. Thank you for your co-operation.

Signature of Applicant_____

Please mail or email to:

Union County Lions Club Kathy Chesney 183 Edwards St Maynardville TN 37807 KathyJelly@aol.com