



NEWTON LIONS CLUB
Application for Eyeglasses Assistance

Please fill out the form in its entirety and return it to Elaine Brown at Miller Insurance Agency, 616 N. Main St. in Newton, 316-283-7281

Name: _____ Birthdate: _____

Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Health/Vision Insurance Company: _____ ID#: _____

Employer: _____ Monthly Household Gross Income: _____

Number of Dependents: _____

Please explain your need for glasses assistance: _____

I understand that I am responsible for keeping my appointment with the doctor providing services to me in collaboration with the Newton Lions Club. I understand that I must give 24 hours' notice to cancel my appointment. If I do not show up for my appointment and do not give notice, I may forfeit the services and materials being given to me.

Signature

Date