



Vision Aid Program

Oklahoma Lions Service Foundation, Inc.
4123 NW 10th Street
Oklahoma City, OK 73107
www.oklionsfoundation.org
OkLionsServiceFoundation1974@gmail.com



VISION AID APPLICATION

PERSONAL INFORMATION

Please fill out this form to the best of your ability in its entirety.
Incomplete forms *will not* be considered.

First Name M.I. Last Name Salutation ☐ Mr. ☐ Mrs. ☐ Ms.

SSN - - Birth Date / / Gender ☐ M ☐ F

Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed Primary Phone - -

Email Household Size (numbers only)

Street Address

Zip City State

Is this your primary residence?
☐ Yes ☐ No

Race & Ethnicity

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other/ Prefer not to answer
☐ Hispanic or Latino ☐ Not Hispanic or Latino

Spouse First Name Spouse M.I. Spouse Last Name Spouse Gender ☐ Mr. ☐ Mrs. ☐ Ms.

Spouse SSN - - Spouse Birth Date / / Spouse Salutation ☐ M ☐ F



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FINANCIAL INFORMATION

Did you or your spouse file a federal income tax return last year?

☐ Yes ☐ No

Please enter the annual amount received by you and your spouse.

Social Security Benefits

Amount

\$

Spouse Amount

\$

Medicare Part B Premium

Amount

\$

Spouse Amount

\$

Medicare Part D Premium

Amount

\$

Spouse Amount

\$

Medicare Part D Premium

Amount

\$

Spouse Amount

\$

Interest

Amount

\$

Spouse Amount

\$

Dividends

Amount

\$

Spouse Amount

\$

IRA Dividends

Amount

\$

Spouse Amount

\$

Railroad Retirement

Amount

\$

Spouse Amount

\$

Veterans

Amount

\$

Spouse Amount

\$

Pensions

Amount

\$

Spouse Amount

\$

Annuities

Amount

\$

Spouse Amount

\$

Salary

Amount

\$

Spouse Amount

\$

Other Income

Amount

\$

Spouse Amount

\$



VISION AID APPLICATION

CONTACT INFORMATION

Contact First Name

Contact Last Name

Contact Phone

 - -

PREPARER

If you are filling out this application on someone's behalf, what is your relationship to the applicant?

☐

Spouse

☐

Family Member

☐

Caregiver

☐

Other

Preparer First Name

Preparer Last Name

Preparer Street Address

Preparer Zip

Preparer City

Preparer State

Preparer Phone

 - -

Prepared Date

 / /

REQUIRED DOCUMENTS

Please submit verification of income with this form using the suggested following documents:

☐

Copy of your Social Security Card

☐

Copy of your state ID

☐

Copy of your previous year's tax return

☐

All required documentation must be provided. Incomplete applications *will not* be considered nor processed until all required documentation has been provided to Ok Lions Service Foundation for verification of income.



VISION AID APPLICATION

AGREEMENTS

All information shall be submitted to allow proper investigation of your request for assistance from Oklahoma Lions Clubs and or OLSF in obtaining eyeglasses. Please read and agree to the following before submitting this form:

- ☐ I understand Ok Lions Service Foundation, Inc., has permission to share my information with its Vision Aid Program partners and my contact information will be added to the Ok Lions Service Foundation vision program database.
- ☐ I agree to receive information and correspondence from Oklahoma Lions Service Foundation.

By signing below, I attest that the information provided above is true and accurate to the best of my knowledge.

Printed Name

Date

 / /

Signature

The Oklahoma Lions Service Foundation is a non-profit corporation in support of the Oklahoma Lions State Projects: Meadows of Hope, Lions Eye Bank, KidSight, Vision Programs, and the Mobile Health Screening Unit. Contributions are tax deductible under 501 (c) (3) Internal Revenue Code.