



## Newton Lions Club

### “We Serve”

The following application is for eyeglasses assistance through the Newton Lions Club. Please fill out the form in its entirety & deliver it to Elaine Brown at Miller Insurance Agency, 714 N. Main St-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 a \$30.00 copay to be paid directly to the doctor providing services to me in collaboration with the Newton Lions Club. This copay is due at the time of service. 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