



**JASPER LIONS CLUB  
P.O. BOX 51  
JASPER, IN 47547-0051**

Thank you for reaching out to the Jasper Lions Club!

Enclosed you will find the **JASPER LIONS CLUB APPLICATION FOR EYECARE** and the **REFERRAL FORM FOR EYE CARE.**

You, the applicant, (or legal guardian of the applicant) are to complete the Application for Eyecare. Your eye care specialist or school administration are to complete the Referral Form for Eyecare. (The referral form can not be filled out by the applicant or the applicant's legal guardian.)

If you have any questions regarding the application or the referral form, call Joe Cozza at 812-309-9548

Please return the completed form to:

**Jasper Lions Club**

**P.O. Box 51**

**Jasper, IN 47547-0051**



**JASPER LIONS CLUB**  
**P.O. BOX 51**  
**JASPER, IN 47547**

**Applicant Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Reason Financial Assistance Request**

Do you need financial assistance because a provider has provided goods or services? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the treatment recommended by a physician, medical clinic, facility or other provider? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please include documentation. (Letter from physician, prescription, invoice, etc.)

Funding is limited and primarily give to those most in need. If you are not funded, will you proceed with the recommended treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated Cost of Treatment: \$ \_\_\_\_\_

The undersigned Applicant or Guardian verifies that the information provided in this request for financial assistance is correct and true to the best of the undersigned's knowledge, information and belief.

Signature of Applicant or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Jasper Lions Club**

Signature of Jasper Lions Club Vision Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Jasper Lions Club President: \_\_\_\_\_ Date: \_\_\_\_\_



**JASPER LIONS CLUB  
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**REFERRAL FORM FOR EYECARE / EYEGASSES ASSISTANCE**

**(COMPLETE ALL QUESTIONS)**

**Referral Date:** \_\_\_\_\_

Referring Eyecare Provider/Specialist: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Name & Telephone: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you provide a discount on goods and services for patients seeking financial assistance from the Jasper Lions Club? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the discount: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If no, why not and please indicate if you would be willing to provide a discount: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Referred Individual's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_

**If you have any questions concerning the form, please call Joe Cozza at 812-309-9548**

**Please mail to: Jasper Lions Club  
P.O. Box 51  
Jasper, IN 47547-0051**



**CLUB DE LEONES JASPER**  
**P.O. Box 51**  
**JASPER, IN 47547-0051**

**FORMULARIO DE REFERENCIA PARA ASISTENCIA CON EL CUIDADO DE LOS  
OJOS / ANTEOJOS**

(COMPLETAR TODAS LAS PREGUNTAS)

Fecha de referencia: \_\_\_\_\_

Proveedor/especialista de cuidado de vista refiriendo \_\_\_\_\_

Firma: \_\_\_\_\_

Nombre de contacto y teléfono: \_\_\_\_\_

Razón de referir: \_\_\_\_\_

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¿Ofrece un descuento en bienes y servicios para los pacientes que buscan asistencia financiera de el Club de Leones de Jasper? Sí \_\_\_\_\_ No \_\_\_\_\_

Si contesto 'sí', describa el descuento:

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Si no, ¿por qué no y por favor indique si estuviera dispuesto a proporcionar un descuento: \_\_\_\_\_

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**Información del individuo referido:**

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código postal: \_\_\_\_\_

Teléfono: \_\_\_\_\_

**Si tiene alguna pregunta sobre el formulario, llame a Joe Cozza al 812-309-9548**

**Por favor envíe a: Club de Leones Jasper**

**P.O. Box 51**

**Jasper, IN 47547-0051**