



Middle Tennessee Lions Sight Service  
PO Box 3 • Milton, TN 37118  
Phone: 629-335-2757  
[Sight@mtlss.org](mailto:Sight@mtlss.org)  
[www.mtlss.org](http://www.mtlss.org)

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**Patient Information**

Legal Name \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Patient Eye Problem**

Eye Problem: \_\_\_\_\_

Ophthalmologist/ Optometrist Seen: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date of last eye exam: \_\_\_\_\_

**Emergency Contact Information**

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

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

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

I hereby authorize the attending physician and /or hospital to release any and all information including personal and financial evaluation in respect to my illness or injury, medical history, consultation, prescriptions or treatment including diagnosis or prognosis and copies of all medical records to Middle Tennessee Lions Sight Service, Inc., and the Sight Service Committee of the sponsoring Lions Club mentioned below.

Patient Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

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

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**To be completed by Sponsoring Lions Club**

Sponsoring Club Name: \_\_\_\_\_

Lions Club Contact Person: \_\_\_\_\_

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

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



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Full Legal Name: \_\_\_\_\_

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

How long have you lived at the above address: \_\_\_\_\_

If less than 1 year, previous address: \_\_\_\_\_

Are you a citizen of the United States? Yes  No  Marital Status: Single Married Divorced

Email address: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

**Work:**

Are you able to work? Yes  No  If no, why: \_\_\_\_\_

Employer name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long employed: \_\_\_\_\_

If you are not working, when did you last work and where? \_\_\_\_\_

Would you work if you could see better? \_\_\_\_\_

**Insurance:**

Do you have vision insurance? Yes  No  Do you have medical insurance? Yes  No

Insurance Company Name (if applicable): \_\_\_\_\_

Medicare Coverage: Yes  No  Medicare #: \_\_\_\_\_

**Assistance:**

Have you received assistance from any Lions Clubs before? Yes  No

Can you or your family afford to pay anything on the services needed? Yes  No

If yes, how much? \$ \_\_\_\_\_

**Bank:**

Do you have a bank account? Yes  No

If yes, Name of Bank: \_\_\_\_\_

Address \_\_\_\_\_



**Income and Expenses Statement**

Applicant total monthly income: \$ \_\_\_\_\_

If your income is \$0.00, list who provides support and their income below.

Name of Income Supporter: \_\_\_\_\_ Phone: \_\_\_\_\_

Income Supporter's total monthly income: \_\_\_\_\_

Total Monthly Household Income (everyone who lives in your household): \$ \_\_\_\_\_

Current Housing:      Rental       Owned with Mortgage       Owned, paid in full

**Sources of Income**

Social Security Disability: \$ \_\_\_\_\_

Social Security Retirement: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

Alimony: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Veteran Benefits: \$ \_\_\_\_\_

Unemployment: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

**Total Income:** \$ \_\_\_\_\_

**Monthly Expenses**

Housing Payment: \$ \_\_\_\_\_

Utilities-- Electric: \$ \_\_\_\_\_

Water: \$ \_\_\_\_\_

Gas: \$ \_\_\_\_\_

Sewer: \$ \_\_\_\_\_

Cable TV/ Internet: \$ \_\_\_\_\_

Phone: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Home/ Renter Insurance: \$ \_\_\_\_\_

Vehicle Expenses: (Or don't have a car \_\_\_\_\_)

Fuel: \$ \_\_\_\_\_

Insurance: \$ \_\_\_\_\_

Maintenance: \$ \_\_\_\_\_

**Medical Expenses**

Medications: \$ \_\_\_\_\_

Premiums/Co-pays: \$ \_\_\_\_\_

**Total Monthly Expenses:** \$ \_\_\_\_\_

By signing below, I authorize Middle Tennessee Lions Sight Service and the Sight Service Committee of the sponsoring Lions Club, to verify any information provided. I understand that an incomplete form or providing false information will result in my application being declined.

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

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

**This application is only good for 6 months.  
Services needed after 6 months need a new application.**