



# SIGHT & HEARING APPLICATION

DATE: \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Age of Applicant: \_\_\_\_\_ Telephone Number: (304) \_\_\_\_\_ - \_\_\_\_\_

Where Employed: \_\_\_\_\_

How long at present job: \_\_\_\_\_ Years / Months (circle one please)

Total Income: \_\_\_\_\_ Weekly/ Monthly (circle one please)

Hospitalization / Insurance: \_\_\_\_\_

Previous Lion Club Eye Glass Recipient? Yes or No

Hearing Aid Recipient? Yes or No

Welfare Recipient? Yes or No

Diabetic? Yes or No

Total Members in Applicant Family \_\_\_\_\_

Who referred Applicant to the Newell Lions Club: \_\_\_\_\_

## NEWELL LIONS CLUB SIGHT & HEARING COMMITTEE

Disposition Approved: J.S. \_\_\_\_\_

Rejected by: J.S. \_\_\_\_\_

Disposition Approved: M.G. \_\_\_\_\_

Rejected by: M.G. \_\_\_\_\_

Disposition Approved: D.M. \_\_\_\_\_

Rejected by: D.M. \_\_\_\_\_

Application Approved by: \_\_\_\_\_

( Committee Chairperson)

On approval of Application, Person will be instructed to contact Dr. Ronald Detwiler OD, 15655 State Rte 170, Call (330) 385-3898 or contact Lion Jody Smith at (304) 387-9683.