

**"That Others May See"**

**Request for Assistance in Obtaining Glasses**

Rev 10-28-2019

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**Anchorage Area Lions Joint Sight Committee**  
P O Box 612  
Girdwood, AK 99587



**Voicemail phone # 907-783-0171**

**Print all information except for signatures**

This form is completed by the sponsor for the applicant. It is the sponsor's responsibility to assure this information is both complete and correct.

Applicant \_\_\_\_\_ Age \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor's Name \_\_\_\_\_  
Sponsoring Organization \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Applicant Information**

Reason for request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has applicant received assistance before? \_\_\_\_\_ Where? / When? \_\_\_\_\_

Does applicant have a prescription? YES NO Date of last prescription \_\_\_\_\_  
(Date is important during the evaluation process)

Is applicant able to obtain a prescription? YES NO Alaska Native? YES NO

Applicant's Usual Occupation \_\_\_\_\_  
Employed? YES (Fulltime / Part Time / Permanent / Temporary) Not currently employed  
Present Gross Salary \$ \_\_\_\_\_ (per hour, week, month)

If currently unemployed, why? \_\_\_\_\_  
Last employer and date of employment \_\_\_\_\_  
\_\_\_\_\_

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Where does applicant live?

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If applicant lives in a private dwelling, identify all friends and family living with him/her.

<b>Name</b>	<b>Relationship</b>	<b>Age</b>	<b>Employed</b>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Please identify applicant's income and income of all members of the household listed above.

<b>Name</b>	<b>Source of Income</b>	<b>Amount per month</b>
<hr/>	<hr/>	<hr/>
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If applicant has no income, how does he /she survive, support himself / herself, family?

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Applicant's Signature \_\_\_\_\_

I have personally interviewed the applicant and verify the information is accurate.

Sponsor \_\_\_\_\_ Date \_\_\_\_\_

The decision regarding the assistance will be sent to the sponsor.  
If more space is needed for information, attach a separate sheet.  
Forms not containing the information requested will be returned.

Scan and send to Anchorage Area Lions Joint Sight Committee at [anchoragejointsight@gmail.com](mailto:anchoragejointsight@gmail.com).  
Or you can mail to Anchorage Area Lions Joint Sight Committee P O Box 612 Girdwood, AK 99587