

"That Others May See"

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

This form is to be completed by the sponsor. It is the responsibility of the sponsor to assure that the information is both complete and correct.

Please print.

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APPLICANT INFORMATION				
Full Name				
Age				
Mailing Address				
Phone				
Email				
Parent/Guardian				
SPONSOR INFORMATION				
Full Name- Contact				
Sponsoring Organization				
Mailing Address				
Phone - Home				
Phone - Cell				
Phone - Work				
Email				
EMPLOYMENT INFORMATION (OF APPLICA	NT OR GUAR	DIAN IF R	EQUEST IS FOR A CHII
Status of Employment	Full Time	Part Time	Temp	Not Employed
Gross Monthly Income				
Current Employer				
Previous Employer				

REASON FOR REQUEST		

EYE CARE INFORMATION:

Insurance Information - yes or no	Denali KidCare:	Medicaid:	Private:
Is applicant an Alaskan Native			
Is a new prescription available			
Date of previous prescription			
Date of last exam:	Where:	When:	
Date of previous request to Lions	Where:	When:	
What is needed for applicant	Exam:	Glasses:	Both:
	_		

OTHER SOURCES OF INCOME IN HOUSEHOLD

Name	Relationship	Age	Employer	Income
Applicant or Guardian Signature				

Sponsor's Signature _____ Date ____

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

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

The Joint Sight Committee has been assisting residents in Anchorage and Girdwood since the late 1960s. The committee's purpose is to provide financial assistance to Anchorage Area residents with a financial need associated with sight. The committee operates as a last resort resource for clients who need financial assistance and have **NO OTHER MEANS – NO INSURANCE OF ANY KIND.**

Return the completed application to the committee for review. Applications are accepted by USPS mail to Box 612, Girdwood, AK 99587 or by email to anchoragejointsight@gmail.com

Leave a message on our voicemail if there are questions. Voicemail phone# 907-783-0171