



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 \_\_\_\_\_

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

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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](mailto:anchoragejointsight@gmail.com)

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