"That Others May See"

Anchorage Area Lions Joint Sight Committee

P O Box 612, Girdwood, AK 99587 - Voicemail phone# 907-783-0171

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.

Please let us know how you learned about the Anchorage Joint Sight Committee:

_____

APPLICANT INFORMATION

Full Name		
Age		Date of Birth
Mailing Address		
Phone		
Email		
Parent/Guardian		
School if attending school		

SPONSOR INFORMATION

Full Name-Contact	
Sponsoring Organization	
Mailing Address	
Phone	
Email	

EMPLOYMENT INFORMATION OF APPLICANT OR GUARDIAN IF REQUEST IS FOR A CHILD

Status of Employment:	Full Time. Part Time. Temp. Not Employed.
Gross Monthly Income:	
Current Employer:	
Previous Employer:	

REASON FOR REQUEST	

EYE CARE INFORMATION:

Do you have insurance? Yes 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 _____

Print Name_____

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

Sponsor's Signature _____ Date _____

Print Name_____

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.**

The Anchorage 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 PO Box 612, Girdwood, AK 99587 or by email at anchoragejointsight@gmail.com
Please leave a message on our voicemail if there are questions. Voicemail phone# 907-783-0171