Pearisburg/Pembroke Lions Club Sight Conservation Program

Revised 6/17/2012

All information MUST be completed or application will be rejected..

12	Club Use only
	Previous Assistance Date
	Approved
	Denied
	Sight Chair
	Recommendation

Eyegiasses only- NO HEARING AIDS				
Date: Age:	Sex: _			
If student - circle School: Macy	Eastern	Giles High	Other	
Applicant's Name:				*
911 (Physical) Address :				
If applicant is a minor or a student, the parer	nt/guardian	responsible fo	or him/her mus	t sign below:
Note that this signature grants the Giles pertinent financial information to the Pea application.	Department risburg and	of Social Se I Pembroke	ervices permis Lions Club to	ssion to release evaluate this
Printed name of Parent/Guardian/SelfSignatu	re			Date
Own a Home: No of acres owned_				
Total Household Income Type > wages \$; Public assistar Social Security \$; O Number of family members dependent on the Names of all in household:	nce \$ ther \$ nis income:	; Food S	tamps \$	
Present employment:Past Employment			How Long? How Long?	
ls family on welfare assistance – if so type: Have you ever received eyeglass assistance Person/organization referring applicant to	from the Lie	ons Club?		
Name:	Ph:		Date: _	
Circle one: School DSS Health Dept				
DSS Information – if applicable:				
Medicaid Yes or No; Food Stamps \$ Other info:	; A	FDC \$; Social	Security \$;
				0.7

Guidelines for funding; Only individuals in the central Giles county district are eligible for consideration of support from the Pearisburg Lions Club. Please forward Pembroke and Newport applications to the Pembroke Club and Central district applications to the Pearisburg club.

Forward completed application to: Giles County Department of Social Services, c/o Sherri Nipper Williams 211 Main Street, Suite 109, Narrows, VA 24124