



Oceanside Sea Lions
P. O. Box 771
Oceanside, CA 92049

We Serve

The **Oceanside Sea Lions Club**, as part of the world-wide organization, **Lions International**, has assumed a primary mission of conserving and preserving eyesight and providing eye care for the needy of Oceanside. The Clubs main focus is for students who's parents cannot afford proper eye care.

ADULT APPLICATION or OTHER THAN FROM A SCHOOL

TO BE COMPLETED BY APPLICANT (or Guardian) Incomplete or incorrect information could result in the denial of the request. Applicant understands no "designer" frames will be provided, only standard frames and lenses.

DATE OF APPLICATION: _____

Name of Applicant: _____ Age _____

Guardian if applicable: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Date of Birth _____

Does Applicant have a Social Security # () Yes () No

Monthly Income: \$ _____

If unemployed, Last Position: _____

Name of Current or Last Employer: _____ Salary \$ _____

Address: _____

Other Income: (Unemployment, Social Security, Disability, Etc.) Please Explain: _____

Results of Vision Test: Right Eye: 20/ _____ Left Eye: 20/ _____

Doctor: _____ Phone: _____

Address: _____

Symptoms/Diagnosis/Comments: _____

Does Applicant wear glasses now? () Yes () No

Were they furnished by the Oceanside Sea Lions Club? () Yes () No

PLEASE NOTE: The money the Oceanside Sea Lions Club uses to support the Vision Care Program is collected through personal labor of volunteer members of the Club. No funds are received from any Government agencies. To help defray the cost of eye exams and glasses and allow our Club to help more people in need, the Oceanside Sea Lions Club requests a donation of at least \$25.00, if possible.

Applicant will make a donation to help defray cost? () Yes () No

Applicant Signature _____ **Date:** _____