Tega Cay Lions Foundation
2764 Pleasant Road
PO Box 10425
Fort Mill, SC 29708-7299

VISION SERVICES APPLICATION

Please print clearly in capital letters. Use black pen only. Keep a copy of this application for your records

QUALIFICATIONS

To qualify for Tega Cay Lions vision services, you must:

- Be a South Carolina resident for at least 6 months
- Meet our income requirements
- Submit ALL REQUIRED DOCUMENTS. If any of the requested documents are not included with your application, we will send a letter asking for them. This could add months to the time it takes to get your glasses.

APPROVAL PROCESS

- You will receive notice BY MAIL in up to 6 weeks stating whether or not you qualify for vision services.
- If you qualify, the letter will give you an appointment for an eye exam/glasses with one of our eye doctors.

*** If you have **Medicaid or Medicare** and are eligible for a free eye exam please make an appointment with an eye doctor that accepts your insurance program. Then provide us with a copy of the eyeglass prescription (no older than one year) and we will help you obtain glasses. If you do not include a prescription along with your application, it will be delayed.

Medicare Exception: I have Medicare but annual eye exams are NOT covered under my plan YES or NO
(Call Medicare to check whether your plan covers annual eye exams)

REQUIRED DOCUMENTS

Make sure all of the following documents are completed and enclosed before mailing. Send copies, not the originals.

- Completed application
- Current eyeglass prescription (less than 1 year old) if you already had an exam.
- Required documents: ONE form of identification ONE proof of residency, and THREE proofs of income.

If any of these documents are not included, we will send a letter asking for it.
This could add months to the time it takes to get your appointment/glasses.

Choose ONE form of ID and ONE proof of residency		Send THREE documents which apply to you or Anyone living at your address
IDENTIFICATION	PROOF OF RESIDENCY	PROOF OF INCOME
*SC Driver's License *SC Identification Card * Birth Certificate *Voter Registration Card *Passport	*Copy of first page of your Lease or rental agreement *Mortgage Statement *Letter from home, shelter, or transitional home stating you live at that location (on letterhead and signed by home/shelter employee) *Something that comes through the mail, in your name, to your address (bill, bank statement)	*Last Year's Tax Return *Last 3 Months bank statements * 3 current paycheck stubs *SSA Award Letter (if you receive direct deposit, circle the item on your bank statement) *SNAP (food stamp) award letter *Unemployment claim *Info, including amount received of other income (retirement, child Support, pension)

ATTACH ALL REQUIRED DOCUMENTS TO THIS APPLICATION

GENERAL INFORMATION

Circle Services Needed:	Eye Exam	Glasses	Both
Is this application for someone under age 18?	YES	NO	
Has applicant been diagnosed with diabetes?	YES	NO	
Has applicant been diagnosed with glaucoma?	YES	NO	

Date: _____/_____/_____

Please answer ALL questions. Print clearly in CAPITAL LETTERS with a black pen.

Applicant Name: _____
First Middle Last

Name of Parent (if applicant is a child): _____
First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Social Security # _____ Sex: **M** **F** Date of Birth: ____/____/ _____

Work Phone: _____ Cell Phone _____Home Phone: _____

Email Address: _____

Are you employed? **Y** **N** If no, are you actively seeking employment? **Y** **N**

If you are unemployed, why? Circle all that apply:

Disabled (circle only if you receive SSDI) **Not Able** **Retired** **Lost Job** **Other**

How long have you been a South Carolina resident? Years_____ Months_____

Race: **Asian** **African American** **Hispanic** **American Indian** **White**

Insurance: Please circle every type of insurance you have:

Medicare Medicaid VA Other None

State reason(s) why you cannot afford an eye exam or eyeglasses: _____

_____

Marital Status: **Married** **Single** **Divorced** **Separated** **Widowed**

Were you referred by a local school? Y N If yes, which one? _____

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FINANCES

List everyone, including yourself, living at your address. (Please attach additional household members on a separate sheet)

Name: _____ Dependent? Y N
Relationship: _____ Age: _____
Amount of Monthly Income: _____ Source of Monthly Income: _____

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Relationship: _____ Age: _____
Amount of Monthly Income: _____ Source of Monthly Income: _____

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Name: _____ Dependent? Y N
Relationship: _____ Age: _____
Amount of Monthly Income: _____ Source of Monthly Income: _____

TOTAL NUMBER OF DEPENDENTS: _____

TOTAL MONTHLY HOUSEHOLD INCOME: $_____ TOTAL NUMBER OF PEOPLE IN HOUSEHOLD: _____
(COMBINED TOTAL OF ALL PEOPLE LIVING AT YOUR ADDRESS)

MONTHLY EXPENSES:

Rent or Mortgage	**$**	**Gas (home)**	**$**
Power	**$**	**Water/Sewage**	**$**
Food	**$**	**Medicine**	**$**
Phone	**$**	**Medical Debt**	**$**
Credit Cards	**$**	**Insurance**	**$**
Car Payment	**$**	**Other**	**$**
Student Loans	**$**		

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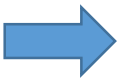
TEGA CAY LIONS FOUNDATION STATEMENT

Please Read and Sign This Statement:

"I fully understand TCLF services are limited to legal SC residents unable to pay for, or receive from other sources, this assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services rendered. I am aware that the Tega Cay Lions Foundation will NOT pay for any eyeglasses billed to me prior to approval of this application. I also understand my application may be reviewed by a Lions Club, TCLF providers, and/or TCLF members. ALL INFORMATION ON AND ATTACHED TO THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE."



_____ _____

Signature of Applicant (or parent if applicant is a child) Date

_____ _____

Witness (if applicant signs with an X) Date

EMERGENCY CONTACT INFORMATION / HIPAA AGREEMENT

If you want us to be able to speak with a friend or family member, please complete all information. If you want us to speak only with you, do not check the box to the right. **EVERYONE MUST SIGN AND DATE THIS PAGE.**

☐ Permission to speak with him/her about Your eyeglasses or exam

Name: _____

Relationship to Applicant: _____

Emergency Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I understand that the Federal Privacy Rule (HIPPA) does not protect the privacy of information if re-disclosed, and therefore request that all information obtained by this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for Tega Cay Lions Foundation services is not conditioned upon my provision of this authorization. I intend for this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for: **Please check how long you give us permission to speak with your friend or family member.**

- ◯ Ninety (90) Days
- ◯ One (1) Year
- ◯ Until this date: _____/_____/_____
- ◯ The period of time necessary to complete all transactions on matters related to services provided to me. I understand that Unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

_____ _____

Signature of Applicant (person applying for sight services) Date

_____ _____

Signature of Witness (with title of relationship) Signature of Authorized Representative (Person chosen by applicant to speak with TCLF)

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SURVEY: MUST BE COMPLETED

Thank you for completing this survey. The results from this survey will allow us to assess the services you receive. For questions 1-8, please circle your answers.

Name: _____ Date of Birth: _____/_____/_____

1. How hard is it to recognize a friend across the street?
   Not hard at all Impossible because of eyesight Very hard
   Somewhat hard Impossible for other reasons

2. How hard is it to read?
   Not hard at all Impossible because of eyesight Very hard
   Somewhat hard Impossible for other reasons

3. When was the last time an eye doctor gave you an eye exam?
   Within the past month Within the past 2 years Never
   Within the past year 2 or more years ago

4. If you have not had an eye exam in the past year, why not?
   Cost/Insurance Could not get an appointment Other
   Do not have/know an eye doctor No reason to go/no problem
   No transportation to office Have not thought of it

5. How often do you think you should have your eyes checked?
   Every 6 months Every 2 years Don't know
   Every year Every 5 years

6. When was the last time your pupils were dilated during an eye exam? (the doctor would have put drops in your eyes, which might have made your eye uncomfortable in bright light.)
   Within the past month Within the past 2 years Never
   Within the past year 2 or more years ago

7. Do you have any kind of health coverage for eye care?
   Yes Don't know/not sure Refused
   No Not Applicable (Blind)

8. If you answered yes to #7, what are those services?
   Medicare Private Insurance Medicaid VA Insurance

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9. How do you think your life will change after getting glasses?

10. Have you ever worn eyeglasses before? How long?

11. If you have eyeglasses and have stopped wearing them, why?

12. How did you hear about the Tega Cay Lions Foundation?

13. Are you a diabetic? If yes, are you managing your diabetes? How?

14. Have you been diagnosed with an eye disease in the past? If yes, circle all that apply.

    Glaucoma Retinopathy Other_____

    Cataract Macular Degeneration

15. Do you use tobacco products? Socially _____, Daily _____, Not at All _____

16. Do you consume alcohol? Socially _____, Daily _____, Not at All _____

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