Georgia Lions Lighthouse Foundation

Mailing Address: 5582 Peachtree Road
Chamblee, GA 30341
Phone: 404.325.3630 or 800.718.7483
Fax: 404.636.5549

VISION SERVICES APPLICATION

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

QUALIFICATIONS
To qualify for Lighthouse vision services, you must:

- Be a Georgia resident for **at least one year**
- 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 it. **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 at a Lighthouse clinic for eye exam/glasses.

******All Medicaid/Medicare/Grady Card/Peachcare recipients.*** You are eligible for one eye exam per year through your insurance program. Please make an appointment with an eye doctor that accepts your insurance and **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** **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 or faxing. Send COPIES, not originals.

- ☐ Completed application
- ☐ Current eyeglass prescription (less than 1 year old) if you have already received 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.

Choose ONE form of ID and ONE proof of residency		*Send THREE documents which apply for you or anyone living at your address*
IDENTIFICATION	**PROOF OF RESIDENCY**	**PROOF OF INCOME**
☐ GA Driver's License ☐ Georgia Identification card ☐ GA Birth Certificate ☐ Voter's Registration Card	☐ Copy of first page of your lease (rental) agreement ☐ Mortgage statement ☐ Letter from home, shelter, or transitional home stating that 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. (ex: utility bill, bank statement, Social Security letter, library card)	☐ Last year's tax return ☐ Last 3 months of bank statements ☐ 3 current pay check stubs ☐ Social Security Administration Award Letter. (If you receive direct deposit, circle the item on the bank statement) ☐ Food Stamp papers from DFACS (award summary) ☐ Letter from nursing home stating amount received for personal expenses ☐ Unemployment Claim/Wage Inquiry statement ☐ Information, including monthly amount received, of any other sources of income (ex: TANF, pension, retirement, child support)

ATTACH ALL REQUIRED DOCUMENTS TO THIS APPLICATION

GENERAL INFORMATION

Circle services needed:	Eye Exam	Eyeglasses	Both
Is this application for someone under 18 years old?	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.

1. Applicant's Name:

Title First Middle Last Suffix

2. Name of Parent (if applicant is a child):

Title First Middle Last Suffix

3. Address:

4. City: 5. State:

6. Zip Code: 7. County 8. Sex: **M** **F**

9. Social Security Number: ____ - _____-_____ 10. Date of Birth _____ / _____/_____

11. Home Phone: 12. Cell Phone:

13. Work Phone:

14. Email Address:
**only if checked on a weekly basis

15. Are you employed? **Y** **N** 16. If no, are you actively seeking employment? **Y** **N**

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

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

18. How long have you been a legal Georgia resident? _____ **Years**

19. Race: **White** **African American** **Other** **Hispanic** **Asian**

20. Insurance: Please circle every type of insurance you have.

Medicare** **Medicaid**** **VA** **PeachCare**** **Grady Card**** **Other** **None**

***Please include a current eyeglass prescription (less than 1 year old)*

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

_____

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

ATTACH ALL REQUIRED DOCUMENTS TO THIS APPLICATION

FINANCES

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

Name: _____ **Dependent?** Y N

Relationship: _____ **Age:** _____

Amount of Monthly Income: _____ **Source of Monthly Income:** _____

Name: _____ **Dependent?** Y N

Relationship: _____ **Age:** _____

Amount of Monthly Income: _____ **Source of Monthly Income:** _____

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 income 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	$		

ASSETS:

Savings/Checking Accounts	$	Value of Home/Land/Property	$
Stocks & Bonds (Market Value	$	Cars/Trucks	$
Face Value of C.D.s	$	Other	$

ATTACH ALL REQUIRED DOCUMENTS TO THIS APPLICATION

LIGHTHOUSE STATEMENT

Please Read and Sign This Statement:
"I fully understand Lighthouse services are limited to legal GA 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 Lighthouse 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, Lighthouse Providers, and/or the Lighthouse staff. 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.**

1. Name _____

2. Relationship to Applicant: _____

3. Emergency Phone: _____

4. Address: _____

5. City _____ 6. State _____ 7. Zip Code _____

☐ **Permission to speak with him/her about your eyeglasses/eye exam?**

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 Lighthouse 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 ○ until this specified expiration date: _____ /_____/_____

○ one (1) year ○ the period 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 the applicant to speak with the Lighthouse)

ATTACH ALL REQUIRED DOCUMENTS TO THIS APPLICATION

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 eyes 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 | Grady Hospital

Medicaid | PeachCare | VA Insurance

ATTACH ALL REQUIRED DOCUMENTS TO THIS APPLICATION

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 Georgia Lions Lighthouse Foundation?

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

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

Glaucoma	Retinopathy	Other
Cataract	Macular Degeneration	

Comments and suggestions:

ATTACH ALL REQUIRED DOCUMENTS TO THIS APPLICATION