



Vision Services Application Overview

Application Check-List

QUALIFICATIONS

To qualify for Lighthouse program services, you must:

- Have been a Georgia resident for at least 12 months
- **Meet our income requirements**
- **Submit copies of ALL required documents.**

APPROVAL PROCESS

- You will receive notice **by mail within 4-6 weeks** of your qualification status. If your address changes, please contact our office **ASAP** to notify our staff.

Photo ID – Provide ONE

- Valid Driver's License
- State Photo ID
- Valid Passport
- Valid School Picture ID
- Consulate ID card
- Birth Certificate (ages 19 and under)

Proof of Residency – Provide ONE

- Current Copy of Lease Agreement
- Current Copy of Mortgage Statement
- Utility Bill (Current w/in 3 mo.)
- Signed Letter from Shelter
- Letter from Nursing Home

Proof of Income – Provide ONE

- 2 Current Consecutive Pay Stubs for bi-weekly
- Last 3 mo. Bank Statements (SSI or SSA)
- Official Tax Transcript/Tax Return Current Year
- Social Security/Disability Award Letter
- Non Filing Letter IRS
- College/University Scholarship, Grant, Fellowship, Assistantship
- Regular Payments from Alimony, Child Support, Unemployment, Union Funds, Retirement or other Government Program

Other Required Documents

If you are seeking assistance for eyeglasses only, please attach a copy of your current vision prescription. **Your prescription must not be more than 2 years old.**



Vision Services Application *(Please print clearly)*

- Eye exam & Glasses*
 Glasses only

1. Last Name: _____ First Name: _____ MI: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

3. County of Residence: _____

4. Home Phone: _____ Mobile Phone: _____

5. Email Address: _____

6. Name of Parent or Guardian *(if under 18)*: _____

7. Gender: Male Female

8. Date of Birth: _____

9. Marital Status: Single Married/Partners Divorced Separated Widowed

10. Are you employed? Y N

11. If you are unemployed, please provide the reason:

Disabled (SSI/SSDI) Retired Lost Job Other

12. Race: White African American Hispanic/Latino Asian 2 or more Races Other

13. Primary language: _____

14. Are you a veteran? Y N

15. Please select the type of insurance coverage you have:

Medicaid Medicare VA Grady Private None

16. Please check if you have had any of the following:

Glaucoma Diabetes Hypertension Stroke Cataracts

17. Total Number of People in Household: _____

18. Total Gross Monthly Household Income: \$ _____



REQUIRED

Lighthouse Statement – Please read and sign.

“I fully understand that Lighthouse services are limited to 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 the services rendered. I am aware that the Lighthouse will not pay for services billed to me prior to approval of this application. I also understand that my application will be reviewed by a Lighthouse Provider, 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/Parent or Guardian

Date

HIPAA Agreement – Please read and sign

I understand that the Federal Privacy Rule “HIPAA” does protect the privacy of information I disclose, and therefore I 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 one year.



Signature of Applicant

Date

Complete this portion only if you would like to give us permission to speak with someone else on your behalf regarding services.

Name: _____

Phone: _____

Relationship to Applicant: _____

Please send your application by MAIL OR FAX ONLY:

MAIL: The Lighthouse, 5582 Peachtree Road Chamblee, Georgia 30341

FAX: (404) 636-5549

Telephone: (404) 325-3630



GEORGIA LIONS
Lighthouse
Foundation