

THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS



HALTOM CITY LIONS CLUB  
POST OFFICE BOX 14911  
HALTOM CITY, TX 76117

STUDENT EYEGLASS REFERRAL INFORMATION SHEET

In order to receive financial aid from the Haltom City Lions Club this three part form must be completed by a parent or guardian and the student's school nurse. All information will be treated confidentially.

PART 1 (To be completed by a parent or guardian)

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Grade \_\_\_\_\_  
Age: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Other school age children living at the above address

|    | Full Name | Age   | School | Grade |
|----|-----------|-------|--------|-------|
| 1. | _____     | _____ | _____  | _____ |
| 2. | _____     | _____ | _____  | _____ |
| 3. | _____     | _____ | _____  | _____ |
| 4. | _____     | _____ | _____  | _____ |

Current income for ALL persons in this household:

|    | Full Name | Employer | Monthly Income |
|----|-----------|----------|----------------|
| 1. | _____     | _____    | _____          |
| 2. | _____     | _____    | _____          |
| 3. | _____     | _____    | _____          |
| 4. | _____     | _____    | _____          |

Indicate problems which prevent this family from paying for the whole (or partial) cost of the necessary examination and eyeglasses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and agree that the Lions Club will have no responsibility beyond the expense which they agree to pay. Further, I agree that the selection of eyeglass frame and/or style will be limited to those offered by the dispensing optician and previously agreed to by the Lions.

\_\_\_\_\_  
Signature of Parent or Guardian

(Parts 2 and 3 on next page)

**PART 2 (To be completed by School Nurse)**

**Results of vision screening:**

|             |                |
|-------------|----------------|
| _____       | _____          |
| <b>Date</b> | <b>Results</b> |
| _____       | _____          |
| <b>Date</b> | <b>Results</b> |

**I am aware of the following special circumstances, which I believe should be considered by the Lions Club when reviewing this referral.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of School Nurse

**(School Nurse: Mail this form with Parts 1 and 2 completed to Watauga Elementary 113 through inner-school mail.)**

**PART 3 (To be completed by the Lions Club)**

**I have interviewed the parent or guardian or another member of the family who is aware of the circumstances stated in the referral. I (am) (am not) satisfied that the circumstances are such that the Lions Club (should) (should not) fund this request (in whole) (in part).**

\_\_\_\_\_  
Signature of Lions Club Member