

Application for LensCrafters Gift of Sight Program



Send completed application to:

Gift of Sight Program
c/o The Arc, Upper Valley
2500 DeMers Ave
Grand Forks ND 58201
(701) 772-6191

APPLICANT

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTY: _____

DATE OF BIRTH _____

MARITAL STATUS: (check one) SINGLE MARRIED DIVORCED WIDOWED

NUMBER OF PEOPLE IN APPLICANT'S HOUSEHOLD: _____

NAME OF ADDITIONAL PERSON(S)	AGE	RELATIONSHIP TO APPLICANT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INFORMATION

ARE YOU EMPLOYED?: YES NO MONTHLY WAGE: \$ _____

IS YOUR SPOUSE EMPLOYED?: YES NO SPOUSE'S MONTHLY WAGE: \$ _____

OTHER MONTHLY INCOME \$ _____ SOURCE _____

DO YOU HAVE MEDICAL INSURANCE (OTHER THAN MEDICARE OR MEDICAID)?: YES NO

REFERRING AGENCY (IF ANY)

AGENCY NAME _____ PHONE _____

CASEWORKER _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PROGRAM STIPULATIONS

1. RECIPIENT IS RESPONSIBLE FOR THE EYE EXAM FEE OF \$40.
2. RECIPIENT IS RESPONSIBLE FOR TRAVEL TO AND FROM APPOINTMENTS, WHICH WILL TAKE PLACE AT LENSMAKERS IN FARGO, ND.
3. RECIPIENT WILL RECEIVE ONE PAIR OF FREE EYEGLASSES. (LIMITED TO THE STYLES AND COLORS AVAILABLE). FREE EYEGLASSES CANNOT BE TINTED OR MADE INTO SUNGLASSES.
4. IF EYEGLASSES ARE BROKEN OR LENSES SCRATCHED, THEY CANNOT BE REPLACED WITHOUT ANOTHER REFERRAL.
5. THIS PROGRAM IS NOT DESIGNED FOR PERSONS WHO HAVE HAD OR ARE HAVING LASIK SURGERY.
6. LENSMAKERS HAS THE RIGHT TO DECLINE ANY RECIPIENT IF THEY HAVE MIS-STATED INFORMATION ON THIS APPLICATION OR ARE NOT ABIDING BY PROGRAM RULES.

To the best of my knowledge, the information provided on this form is a full and accurate disclosure of my current financial status. I understand and agree to the above stated stipulations of LensMakers Gift of Sight Program.

Signature of applicant

Date _____

Signature of parent or guardian (if applicable)

Date _____

Signature of caseworker (if applicable)

Date _____

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE
