



MADISON LIONS CLUB  
PO Box 183  
Madison , Georgia 30650  
[madisongalionsclub@gmail.com](mailto:madisongalionsclub@gmail.com)

The Madison Lions Club is a non-profit, non-governmental organization. We provide free eye exams and low cost eyeglasses by a volunteer eye care professional. We also assist in finding other resources for eye surgeries and hearing aids. Eligibility is based on income and need.

This document should be signed and submitted with the attached application and given to a Lions Club representative or mailed to **P.O. Box 183 Madison, GA 30650**. You will be contacted by phone once your application is received and reviewed.

Please read and sign:

I fully understand Lions Club services are limited to persons 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 Lions Club will not pay for any eyeglasses billed to me prior to approval of this application. I understand that my application will be reviewed by a Lions Club member. ALL INFORMATION ON AND ATTACHED TO THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant (or parent/guardian if applicant is under 18 years old):

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

HIPAA Agreement

I understand that the Federal Privacy Rule ("HIPAA") protects the privacy of information if re-disclosed, and I therefore request that all information received by the Lions Club and the office of the eye care professional be held strictly confidential and not be further released by the recipients. I further understand that my eligibility for Lions Club 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.

Signature of Applicant (or parent/guardian if applicant is under 18 years old):

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete this section only if you are releasing permission for the Lions Club to speak with someone else on your behalf regarding your services. This release will remain in effect until terminated by you in writing.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**VISION SERVICES APPLICATION**

(Please print clearly and answer all questions as completely as possible.)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List of Family Dependents: \_\_\_\_\_

Total Monthly Household Wages: \$ \_\_\_\_\_

Public Assistance (Food Stamps, Disability, Social Security, etc.): \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Total Gross Monthly Household Income: \$ \_\_\_\_\_

If you are unemployed, please provide the reason:

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

Are there any other circumstances or expenses which we should take into consideration?

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

Please select the type of insurance coverage you have:

Medicare      Medicaid      PeachCare      VA      Other      None

Signature of Applicant (or parent/guardian if applicant is under 18 years old):

\_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**FOR LIONS CLUB USE ONLY**

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_