

Naples Club -- Request for Eye Examination and Eyeglasses

Name	Birth Date			
Address	E-mail			
City	State	Zip Code	Phone	
Medical Insurance: Name a	nd Policy of a	all insurances (u	se additional pape	r if needed):
Names and ages of Househo	old member	s (use additional p	aper if needed):	
Name		Age Relation	onship	
Monthly Household Income Monthly Household Expens				
Assistance Needed For: Ey	e Exam YES	NO G	lasses YES	_ NO
Recent Eyeglass Prescriptio	n available:	YES	NO	
APPLICANT MUST READ AN services are limited to indiving Medicaid or any other form of the Federal Poverty Guide discharge any and all person claims that may have arissed attached to this form is true application may be reviewed	suals who had of insurance elines. In cores or organized from service and correct	ave no medical in the property and have an independent of the ations rendering the rendered. All to the best of near the second of the second	nsurance (Med ncome that is be is assistance I re g such assistanc I information or ny knowledge. N	icare, elow 200% elease and e from any n or
APPLICANT'S SIGNATURE		WITNE	SS (if applicant sig	ns with X)
/Parent/Guar	dian Signati	ure if applicant		