



Georgia Lions Lighthouse Foundation

*Better vision. Better hearing. **Better Georgia.***

Dear Applicant:

Please complete the eye surgery application and the enclosed questionnaire. Include documentation verifying income for all members of the household.

Financial information includes the following:

- Current statements of Supplemental Security Income, Social Security Disability, and Social Security Income.
- AFDC, Food Stamps, and Child Support
- Veteran's Benefits, Pensions, Retirement Benefits
- The last two months paycheck stubs and last year's income tax W-2 form
- Copy of current bill for rent, telephone, and utilities
- Unemployment claim, if unemployed-wage inquiry statement from the GA Department of Labor

In addition, we need:

- Proof of legal U.S. residency (copy of birth certificate, voter's registration card or permanent resident alien card.)
- Documentation verifying current Medicaid/Medicare denial is required for surgery applications.

ANY APPLICATION RECEIVED WITHOUT PROPER DOCUMENTATION WILL BE RETURNED TO YOU. Your cooperation in this matter will enable us to process your application more efficiently. Thank you.

Your private Health Information will be protected in accordance with applicable laws.

Revised 03/09

Lions Help Restore Hope

1775 Clairmont Road Decatur, Georgia 30033-4005 (404) 325-3630
(800) 718-SITE (7483) Fax (404) 636-5549 www.lionslighthouse.org

A 501c(3) nonprofit organization (gifts are tax deductible).

FINANCIAL INFORMATION

List monthly income earned on a job by you and by each person in household who works:

	Name	Employer	Monthly Income (\$): Gross	Net
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

ASSETS

Savings, Checking Accounts	\$ _____
Stocks & Bonds (Market Value)	\$ _____
Face Value of C.D.'s	\$ _____
Value of Home/ Land/Property	\$ _____
Cars/Trucks	\$ _____
Other Assets:	\$ _____

List monthly amount of all other income received by you and all household members. If more than one person receives the same type of income, add the amounts and write in the total:

Supplementary Security Income (SSI)	\$ _____
Social Security Disability (SSDI)	\$ _____
Social Security (SS)	\$ _____
Food Stamps	\$ _____
Welfare (AFDC)	\$ _____
Veteran's Benefits (VA)	\$ _____
Pensions/Retirement Benefits	\$ _____
Child Support	\$ _____
Interest/Dividend Investments	\$ _____
Other Income	\$ _____
Total Monthly Income (including amounts from jobs)	\$ _____

MONTHLY EXPENSES

Rent or House Payment	\$ _____
Telephone	\$ _____
Utilities	\$ _____
Food, Medicine	\$ _____
Car/Truck Payments	\$ _____
Insurance: Life, Health, Car, Home	\$ _____
Charge Cards	\$ _____
Other Expenses	\$ _____
Total Monthly expenses	\$ _____
Outstanding Medical Debt	\$ _____
Outstanding Other Debt	\$ _____

MEDICAL INFORMATION

1. Have you ever received vision care through the Lighthouse? Yes No If Yes, When? _____
2. Describe your eye condition:
Right Eye: _____

Left Eye: _____

3. Circle the services you think you need:
Glasses Artificial Eye Eye Surgery
4. Is your eye condition the result of an injury? Please explain: _____
5. When did your vision problems begin?
Month _____ Year _____
6. Describe how your visual impairment affects your life:

7. When was your last eye exam?
Month _____ Year _____
8. Who is your eye doctor?
Name: _____
Optometrist (O.D.) or Ophthalmologist (M.D.)
Phone: (_____) _____
City, State, Zip Code: _____
9. Complete this section if you need eye surgery:
a. Has a surgery date been scheduled? Yes No
If yes, When? _____
- b. What type? _____
- c. At what hospital? _____
- d. Surgeon: _____
Phone(_____) _____
10. Complete this section if you need an artificial eye:
a. Do you currently wear an artificial eye? Yes No
- b. Name of Ocularist: _____
Phone:(_____) _____
City, State, Zip Code: _____
11. If you live in Fulton or Dekalb County, do you have a Grady Card? Yes No If Yes, Grady Card # _____

Applicant Must Read and Sign This Statement:

"I fully understand Lighthouse services are limited to legal GA 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 services rendered. I am aware that the Lighthouse will not pay for any hearing aid billed to me prior to approval of this application. I also understand my application may be reviewed by a Lions Club, Lighthouse Providers, Public Service Commission, 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 (or parent if applicant is a child)

Witness (if applicant signs with an "X")

MEDICAL RELEASE

This statement MUST be completed and signed by the applicant/parent or guardian:

"I hereby give permission for my medical records to be released to the Lions Club, the Lighthouse, and to any eye specialist, hospital, medical professional, or agency involved with vision care."

Signature of Applicant (or parent if applicant is a child)

Witness (if applicant signs with an "X")

AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant should complete this section if you wish for someone other than yourself to contact the Lighthouse about your sight services application.

I hereby request and authorize: _____
(Name of Person or Agency Requesting Information)

(Address)

to obtain from: _____
(Name of Person or Agency Holding the Information)

(Address)

the following type(s) of information from my records (and any specific portion thereof):

for the purpose of: _____

I understand that the Federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, and therefore 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: (PLEASE CHECK ONE)

_____ Ninety (90) days unless I specify an earlier expiration date here: _____

_____ one (1) year

_____ the period necessary to complete all transactions on matters related to services provided to me.

I understand that unless limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

(Date)

(Signature of Individual /Patient/Applicant)

(Signature of Witness)

(Title or Relationship)

(Signature of other Legally authorized Representative, where applicable)

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN:

(Date this Authorization is revoked by Individual)

(Signature of Individual or legally authorized Representative)

CASEWORKER/EYE DOCTOR RECOMMENDATION

"I believe _____ is experiencing extreme financial hardship and I recommend
(Name of Applicant)
him/her for assistant from the Lighthouse."

Name and Title: _____ Phone: _____

Agency/Dr.'s Office: _____ Fax: _____

Mailing Address: _____

Signature

Date

VISION SERVICES QUESTIONNAIRE

Name _____

Date of Birth _____

Address _____

Please complete the enclosed vision services questionnaire and include it with your eye surgery application.

1. If you have not visited an eye care professional in the past 12 months what is your main reason?

- _____ Cost/ Insurance
- _____ Do not have/ know an eye doctor
- _____ Can not get to the office/ clinic (too far away, no transportation)
- _____ Could not get an appointment
- _____ Have not thought of it
- _____ Other
- _____ N/A

2. Other than the Georgia Lions Lighthouse Foundation, which agencies or resources did you seek assistance from for this service? Please circle all that apply:

- a. Medicaid/Medicare
- b. Department of Family and Children Services (DFCS)
- c. Private Health Insurance
- d. Lions Club
- e. Ophthalmologist/Optomtrist
- f. Other _____

At this time, how well are you able to perform the following activities?

	A Lot	Quite a Bit	A Little	Not at All	Not Applicable
3. Reading	1	2	3	4	NA
4. Seeing in the distance	1	2	3	4	NA
5. Recognizing faces across the street	1	2	3	4	NA
6. Watching TV	1	2	3	4	NA
7. Seeing in bright light / glare	1	2	3	4	NA
8. Seeing in poor or dim light	1	2	3	4	NA
9. Driving a car by day	1	2	3	4	NA
10. Driving a car by night	1	2	3	4	NA
11. Using steps	1	2	3	4	NA
12. Moving in unfamiliar surroundings	1	2	3	4	NA
13. Employment / housework activities	1	2	3	4	NA
14. Hobbies / leisure activities	1	2	3	4	NA

15. How did you hear about the Georgia Lions Lighthouse Foundation?

16. Other comments or suggestions?