



# NEW BALTIMORE LIONS EYEGLOSS REFERRAL ASSISTANCE APPLICATION

Date \_\_\_\_\_

Recipient name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ MI Zip \_\_\_\_\_

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

Contact Person or Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Comments \_\_\_\_\_

**Recipient must complete questions below. Circle Yes/No**

1. Is the patient enrolled in Medicaid? Yes or No
2. Is the patient enrolled in MICHild? Yes or No
3. Is the patient covered under any other insurance? Yes or No

Recipient or Legal Guardian signature \_\_\_\_\_

Recipient must submit the application to New Baltimore Lions Club, Eyeglass Chairperson for approval.

**Mail or email the application to:**

***New Baltimore Lions Club***

***394 P.O. Box New Baltimore, MI 48047***

***Attn: Lion Kellie Dooge/ Lion Sarah Boyle***

Any questions- please contact an Eyeglass Chairperson

Lion Kellie Dooge (586) 484-7738 [kdooge@comcast.net](mailto:kdooge@comcast.net) or

Lion Sarah Boyle (586) 770-2475 [sarah6291@comcast.net](mailto:sarah6291@comcast.net)

**Recipient will call to make an appointment with:**

Total Vision Center

35445 23 Mile Road

New Baltimore, MI 48047

Ph: (586) 716-9101 Fax: (586) 716-9102

Once the application is approved, the recipient will receive the complete form back. At that time, the recipient may call Total Vision Center to schedule their appointment. Completed form must be provided to the vision center at the appointment time.

**The above application is completed and approved by a New Baltimore Lions Club Chairperson**

X \_\_\_\_\_  
*Lion Eyeglass Chairperson*