



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 Marie & Sandy Cornillie

Any questions- please contact an Eyeglass Chairperson Lion
Sandy Cornillie (239) 293-8916 sandycorn2@aol.com or Lion
Marie Cornillie (586) 747-1961 marcorn4@aol.com

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.

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

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

X _____
Lion Eyeglass Chairperson