



**Southern Oregon Lions Sight and Hearing Center Patient Care Program Application**

The Southern Oregon Lions Sights and Hearing Center is committed to an anti-discrimination policy in all of its program and services. This includes, but is not limited to; ethnicity, gender, religion, age, marital status, language, disability or immigration status.

<b>Applicant Name:</b>	<b>Gender:</b>	<b>Age:</b>	<b>DOB:</b>
<b>Parent/Guardian/Case Worker:</b>			
<b>Address:</b>		<b>Mailing if different:</b>	
<b>Can we mail to the address you provided?</b>			
<b>City, State, Zip:</b>			
<b>Phone:</b>		<b>Message Phone:</b>	
<b>Last 4 of Social Security:</b>			
<b>Occupation/Employer:</b>			

<b>Please list the names, ages, and relationships of all family living in your household:</b>

<b>I need help getting:</b> <input type="checkbox"/> A basic eye exam <input type="checkbox"/> A new pair of glasses <input type="checkbox"/> Over-the-Counter Hearing Aids
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<b>Date of Last Exam:</b>	<b>Location:</b>
<b>Do you have (Circle All That Apply) : Insurance Medicare Oregon Health Plan None Other</b>	

<b>We are trying to spread the word about our programs to Jackson County. How did you hear about us?</b> _____
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What eye or ear problems are you experiencing?

How will receiving these services improve your quality of life?

**How much do you receive monthly for: (APPLICATIONS WITHOUT PROOF OF INCOME OR CASE WORKER LETTER WILL NOT BE ACCEPTED)**

Salary:	Investments:
Social Security:	Income from family:
Disability Benefits:	Child Support/Alimony:
Retirement Pension:	Food Stamps:
Unemployment Benefits:	HUD Rent Assistance:
Other Income:	

I have submitted proof of income listed above and \$5 application fee

I understand that I will be notified by mail the last week of the month

Is there anything else you want our committee to consider when they review your application?

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

What Happens Next?

Your application can be submitted along with a **\$5 application fee** in person to the Sight and Hearing Center, dropped in the slot next to the door, or mailed to our address at 228 N. Holly St. in Medford, OR 97501.

Our committee meets the **last** Tuesday every month to review all the applications and announce their approval or denials. If you are approved for vision services, **we will mail you a voucher to take to a licensed eye provider, as well as a list of providers who accept our voucher.** If you are approved for hearing aids, **we will call you and ask you to bring your \$50 copay and pick up a brand-new pair from the office. Check your mail the last week of the month.**

228 N. Holly St. Medford, OR 97501 Ph: 541-779-3653 Email: lionsagencyassistant@gmail.com

Website: [www.southernoregonlionssightandhearingcenter.org](http://www.southernoregonlionssightandhearingcenter.org)