

The Pokagon Fund Vision Program Application



- ☐ Youth Application, child age 9 months through 12th grade
☐ Senior Application, adult over the age of 50
☐ Special Circumstances _____

1. Patient Information:

Name _____ Date of Birth ____/____/____ Age ____ Grade ____ Male ☐ Female ☐
Home Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Phone(_____) _____ Email _____

2. Parent/Guardian Information (If applicable)

Full Name _____ Relationship to patient _____
Address (if different than patient) _____ City _____ State _____ Zip _____
Phone(_____) _____ Email _____
Child resides with (Check all that apply) Father/Mother/Stepparent/Grandparent/Other _____

3. Insurance Information:

Do you have Vision Insurance: ☐ Yes ☐ No Do you have Medical Insurance: ☐ Yes ☐ No
Who is your insurance through? ☐ VSP ☐ BCBS ☐ Medicare ☐ Medicaid ☐ MiChild ☐ _____
Secondary Insurer name _____

4. Previous Eye Care Information:

Has the patient ever had an eye exam? ☐ Yes ☐ No If yes, date ____/____/____ Where: _____
Does the patient currently wear glasses? ☐ Yes ☐ No If yes, since when _____
When did you last apply for The Pokagon Vision Fund (date) ____/____/____
If you were approved, when did you last use the program at a Provider ____/____/____

5. Income Eligibility:

How many people are currently in your household _____
Please state your adjusted gross income for entire household (Line 37 of your fed tax return) \$ _____

6. I understand that the above information is being provided to qualify for The Pokagon Fund Vision Program and that completion of this form alone does not constitute eligibility. I further certify that the above statements are true and that no information called for herein has been omitted. I understand that if I give false information, I or my child may lose benefits and that I may be prosecuted. I understand that all fields must be answered. All information is subject to verification and I will do my best to provide the supplemental documents if so requested or be subject to denial.

7. Applicant Signature: _____ Date: _____

8. **IMPORTANT:** Please submit this application along with documentation such as a copy of your drivers license, tax bill, utility bill, lease or other supporting documents verifying your residency in one of the following zip codes: 49115, 49116, 49117, 49125, 49128, 49129 (please do not send originals as they will not be returned) Please submit one application and one proof of residency PER applicant, joint applications are NOT accepted. You may submit your application and documents to Harbor Country Branch Horizon Bank locations, or mail to New Buffalo Lions Club, The Pokagon Vision Program, PO Box 26, New Buffalo, Michigan 49117 Applicants will be notified in writing of their eligibility within 30 days. If you should have any questions about your application, please contact the Vision Administrator at 269-612-7602 or visit www.newbuffalolions.org for more information. If you have any comments for consideration, please do so on back of application.