

**Determination of Need, Request for Assistance**

It has come to our attention that you have requested our assistance in obtaining eye care and/or eye wear. Please complete the following so that we may better understand your needs.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Request for: \_\_\_\_\_ Eye Exam \_\_\_\_\_ Eye Glasses

1. Have you contacted social services for assistance? \_\_\_\_\_  
(If no, please contact them at 947-2436 before completing this form)
  
2. Who is your caseworker? \_\_\_\_\_  
Do we have your permission to speak with them regarding your care? \_\_\_\_\_
  
3. Were you denied Medicaid coverage? \_\_\_\_\_  
If yes, please attach copies of your letter of declination with this request. If you are eligible for Medicaid, we will be glad to find a provider who accepts this insurance to provide care for you.
  
4. Are you disabled? \_\_\_\_\_ If yes, go to question 5. If no, move on to question 6.
  
5. If you are disabled, were you denied Medicare coverage? \_\_\_\_\_  
If yes, please attach copies of your letter of declination with this request. If you are eligible for Medicaid, we will be glad to find a provider who accepts this insurance to provide care for you.
  
6. Have you applied for assistance at the Division of Services for the Blind (947-7497)? \_\_\_\_\_  
They are available at the Medicaid office two days per week (Tues and Friday). Please call them to find out which day they have available appointments and apply with them.
  
7. Did the Division of Services for the Blind deny assistance to you? \_\_\_\_\_  
If yes please attach copies of your letter of declination with this request. If no, they should be able to find a provider to care for you.

Source of Income: \_\_\_\_\_ Amount: \_\_\_\_\_

Other Income: \_\_\_\_\_ Amount: \_\_\_\_\_

Expenses: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Aberdeen Lions are always willing to help those in need. However, being a smaller organization, we reserve our limited funds to those who cannot ascertain assistance from agencies that are more capable of absorbing the associated costs. We will review your request and contact you shortly after our next scheduled meeting. If you have any questions, please contact the organization which provided this form to you.

**Aberdeen Lions Club, PO Box 396, Aberdeen, NC 28315**

Referral By: \_\_\_\_\_