



NEW MEXICO LIONS EYE FOUNDATION



EVALUATION REQUEST FOR ASSISTANCE FOR EYE SURGERY

1. Name of person having surgery: _____ Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____

2. Type of surgery needed: _____
Desirable date of surgery: _____

3. Name of person or Lions Club making the request for aid: _____

4. Amount requested: _____

5. Name of Doctor performing surgery: _____ Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____

6. Total cost of procedure: _____

7. Is the patient employed? _____ Salary: _____
Explain family financial situation: _____

8. Is the patient on Medicare? _____ Medicaid? _____

9. Does the patient have other insurance? _____ If YES, with whom? _____

10. How much can the patient pay out of his/her pocket? _____

11. Is the requesting Lions Club willing to contribute toward this person's surgery? _____
If YES, how much? _____ Club President's signature: _____

12. Comments by the patient requesting assistance: _____

13. I hereby give permission for the New Mexico Lions Eye Foundation to verify information regarding my family financial indebtedness.

APPLICANT SIGNATURE: _____

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14. Request Approved? \_\_\_\_\_ Disapproved? \_\_\_\_\_

15. Amount donated by the New Mexico Lions Eye Foundation: \_\_\_\_\_

NM LIONS EYE FOUNDATION PRESIDENT \_\_\_\_\_