Application for Eye Care Assistance – **Mel Clack Fund** www.MelClack.com

APPLICANT’S INFORMATION:

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male / Female (Circle one) Age:\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person (If different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting Assistance For:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Eyeglasses, Exam, Surgery, etc)

*Who referred you?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly ***Household*** Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*You must provide proof of income.** (First two pages of most current income tax return, W2, pay stubs, etc).

Please include any unusual or extraordinary expenses or circumstances on a separate sheet.

If no income - include a reference letter from community member, such as a Pastor, Counselor, etc.

Number of Persons in Living in Household: Adults: \_\_\_\_ Children: \_\_\_\_

Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \***Include copy of insurance card(s)**

Release:

I, for myself, my heirs, personal representatives, executors, administrators, and assigns, and on behalf of the patient, if the patient is other myself and I am the responsible party for the patient, waive, release and forever discharge the AZ Lions Vision & Hearing Foundation (including specifically, but not limited to, the Melvin Clack Fund Advisory Committee), the Lions Clubs of Arizona, and each of their respective officers, directors, agents, representatives, successors and all cooperating entities and individuals from all claims, losses, and damages which now exist or may hereafter arise in connection with my and/or the patient’s acceptance of assistance from the Melvin Clack Fund Advisory Committee or corresponding eye care paid for through such assistance from the Melvin Clack Fund Advisory Committee any information required.

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

**Please mail or fax your application with \*proof requested to:**

**The Melvin Clack Fund** Advisory Committee, Steve Mortenson, M.D. Chairman  
Attention: Jacqueline Leonard, Administrator  
PO Box 26894, Prescott Valley, AZ 86312  
Phone (928) 554-2087  
Fax (772) 594-3201 [melclackfund@gmail.com](mailto:melclackfund@gmail.com) Application received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use

***Eye Care and Eye Surgery Assistance***

Who Qualifies:

• You are a resident of Yavapai County with limited income

• You need assistance to help pay for an eye exam, eye surgery or glasses

How to Apply:

• See Application on reverse side of this form

* Follow Instructions and Complete the Application

• Mail, Fax or Email with requested details to - It may take up to 4 weeks for approval

**Mel Clack Fund**

PO Box 26894, Prescott Valley, AZ 86312

Fax (772) 594-3201

[melclackfund@gmail.com](mailto:melclackfund@gmail.com)

***Where does this funding come from?***

This fund exists through a generous donation from

Mr. Melvin Clack, a former blind resident of Prescott and member of the Prescott Noon Lions Club.

The Mel Clack fund exists through the Arizona Lions Vision and Hearing Foundation in Phoenix. The monies within the fund are used exclusively for Yavapai county residents that qualify for eye care and eye surgery assistance.

Since 2012 over $150,000 in eye care has been provided to Yavapai county residents.