

Application for Eye Care Assistance – **Mel Clack Fund**

www.MelClack.com

APPLICANT'S INFORMATION:

Applicant Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____ Email: _____

Gender: _____ Age: _____ Date of Birth: _____ Social Security # XXX-XX-_____

Contact Person (If different) _____ Relation: _____ Phone: _____

Who referred you? _____

I need assistance for the following item(s): Vision Exam Eyeglasses Medical Eye Exam Surgery

Other: _____

Monthly **Household** Income _____ Monthly Expenses _____

Number of Persons in Living in Household: Adults: _____ Children: _____

***You must provide proof of income.** (First two pages of most current income tax return, W2, or 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.

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 email, fax or mail your application with *proof requested above 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

Application received: _____

ADMIN Office Use

Eye Care and Eye Surgery Assistance

Who Qualifies:

- You are at least age 19, a resident of Yavapai County with a limited income
- You need assistance to 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 – Fill in all blanks
- Mail, Fax or Email - It may take up to 2 weeks for approval

Mel Clack Fund

PO Box 26894, Prescott Valley, AZ 86312

Fax (772) 594-3201

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 \$200,000 in eye care has been provided to Yavapai county residents.