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? _____ ***Date of last exam and glasses: Month_____ Year_____***

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 organizations 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 from Lions organizations. I also give my permission for release of health care information to/from the provider of any and all service for billing and authorization inquiries.

Signature: _____ Date: _____

My signature confirms that I have resided in Yavapai County for at least one year.

Email, fax or mail your application with *proof requested above to:

The Melvin Clack Fund Advisory Committee, Steve Mortenson, M.D. Chairman
Attention: Jeanne Cotter, Administrator
PO Box 26894, Prescott Valley, AZ 86312
Phone (928) 554-2087
Fax (772) 594-3201 melclackfund@gmail.com

ADMIN Office Use

Application received: _____

Eye Care and Eye Surgery Assistance

Who Qualifies:

You are age 19 or older, have lived in Yavapai County for the past 12 months and have a required limited income

How to Apply:

Follow Instructions and complete the Application on the reverse side of this form – Fill in all blanks.

Mail, Fax, or Email - It may take up to 3 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?

The generous donation from Mr. Melvin Clack, a former blind resident of Prescott and member of the Prescott Noon Lions Club, made this funding possible.

The Mel Clack Fund functions through the Arizona Lions Vision and Hearing Foundation in Phoenix. Monies within the fund are used exclusively for Yavapai County residents who qualify for eye care and eye surgery assistance. Since 2012, over $250,000 has been provided to our Yavapai County residents.