



PATIENT FINANCIAL STATEMENT
Lions Eye Foundation of
California-Nevada, Inc.
 PO Box 7999, San Francisco, CA 94120
 Phone (415) 600-3950 Fax (415) 600-3949

A. Patient's Name: _____ Birth date: _____ M F
Last First

Address: _____ Phone: _____
Street
 _____ Alt Phone: _____
City State, Zip

Primary Language: _____ If other than English, whom may we contact? _____
Name Phone

How long has the patient lived at this address? _____ Rent Own
 If less than one year, provide previous address and length of stay: _____

B. Dependents (if patient is a minor, the following information refers to parent or guardian):

Name	Age	Relationship	Name	Age	Relationship
_____			_____		
_____			_____		

C. 1. Patient's Current Employment: Full time Part Time Unemployed Retired
 If employed, name of Employer: _____ Soc. Sec # _____

2. Spouse/Partner Employment: Full time Part Time Unemployed Retired
 If employed, name of Employer: _____

3. If unemployed, how long since you have worked? _____

4. Monthly Income (proof of income required- include copy of last two pay stubs or previous year's tax return):

Household income after taxes: \$ _____
 If self employed, Gross income: \$ _____ OR After tax net income: \$ _____

5. List of Assets:
 a. Market Value of Home less Amount of Mortgage owed: \$ _____
 b. Market Value of Other Real Estate less Amount of Mortgage owed: \$ _____

*Applicant may be disqualified if the overall net value is more than \$ 75,000

6. Do you have:
 a. Medi-Cal or Medicaid? No Yes, card number: _____
 b. Medicare? No Yes
 c. Other insurance? No Yes, name of plan: _____
 d. Have you ever applied for Medi-Cal or Medicaid? No Yes
 If yes, describe: _____

D. I attest that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial.

 Signature of Patient or Parent/Guardian Date

 Signature of Authorized Club Representative Club Date