

Eye Care and Eye Surgery Assistance

How to apply and Who Qualifies

- If you are a resident of Yavapai County and have limited income
- You need assistance to help pay for an eye exam, eye surgery or glasses
- Complete the Application form on the reverse side of this paper
- Mail the completed form to:
Mel Clack Fund
c/o M & M Eye Institute
3192 Willow Creek Rd
Prescott, Arizona 86301

Please allow up to 4 weeks for approval

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 Lions Sight and Hearing Foundation in Phoenix. The monies within the fund are to be 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.

Application for Eye Care Assistance - Mel Clack Fund

APPLICANT 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)

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: _____ Who referred you? _____

Insurance Provider: _____ (Include copy of insurance card)

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 Lions Sight & 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 application to:

The Melvin Clack Fund Advisory Committee c/o Steve Mortenson, M.D.
M&M Eye Institute
3192 Willow Creek Road Prescott, AZ 86301
Phone (928) 717-5730
Fax (928) 778-2001 melclack@visionprescott.com