

Wellsboro Lions Club

P.O. Box 801

Wellsboro, PA 16901

Dear Parent or Guardian:

The Wellsboro Lions Club in cooperation with North Central Sight Services (NCSS) has a program to assist individuals in our community to pay for eye exams and eyeglasses. Through this program, the participating optometrists have agreed to provide the exam and glasses at a reduced total cost of approximately \$ 175.00.

The applications will be reviewed by NCSS and you will be notified if any further information is required.

Attached is a chart indicating the expected percentage of the above amount that will be your responsibility. Wellsboro Lions Club and NCSS will pay the balance of the bill. If your income is between the 100% and 300 % levels, you will not be eligible for any financial assistance but you are eligible for the reduced cost exam and glasses. This program is available to anyone regardless of age.

List of local participating optometrists:

Stewart Opticians, Wellsboro, PA

Scott Rutkoski, Wellsboro, PA

Strohecker Vision Care, Mansfield, PA or Elkland, PA

Procedure for obtaining funds:

- 1.** Complete an application for assistance and attach required documentation.

Mail to: Wellsboro Lions Club

P.O. Box 801

Wellsboro, PA 16901

- 2.** You will receive a letter of approval indicating the amount of financial aid you are eligible for and instructions on how to proceed.

**Wellsboro Lions Club and North Central Sight Services
Annual Income Financial Criteria**

Person's in Household	10%	25%	50%	75%	100%	300
1	\$ 5,940.00	\$ 11,880.00	\$ 17,820.00	\$ 23,760.00	\$ 29,700.00	\$ 35,640.00
2	\$ 8,010.00	\$ 16,020.00	\$ 24,030.00	\$ 32,040.00	\$ 40,050.00	\$ 48,060.00
3	\$ 10,080.00	\$ 20,160.00	\$ 30,240.00	\$ 40,320.00	\$ 50,400.00	\$ 60,480.00
4	\$ 12,150.00	\$ 24,300.00	\$ 36,450.00	\$ 48,600.00	\$ 60,750.00	\$ 72,900.00
5	\$ 14,220.00	\$ 28,440.00	\$ 42,660.00	\$ 56,880.00	\$ 71,100.00	\$ 85,320.00
6	\$ 16,290.00	\$ 32,580.00	\$ 48,870.00	\$ 65,160.00	\$ 81,450.00	\$ 97,740.00
7	\$ 18,365.00	\$ 36,730.00	\$ 55,095.00	\$ 73,460.00	\$ 91,825.00	\$ 110,190.00
8	\$ 20,445.00	\$ 40,890.00	\$ 61,335.00	\$ 81,780.00	\$ 102,225.00	\$ 122,670.00

Percentage of amount due based on modified NCSS income table

	10 %	25%	50%	75%	100%
Lions Club	52.5 %	50 %	37.5 %	25 %	\$ 0
NCSS	37.5 %	25 %	12.5 %	0 %	\$ 0
Individual	10 %	25 %	50 %	75 %	100 %

If a household's annual income falls between the 100% and 300% levels, you still qualify for the reduced rate program.

All other levels indicate the percentage responsible by the individual, and the balance will be paid by Wellsboro Lions Club and NCSS.

**Eye Care Assistance
Application**



Member of Pennsylvania
Association for the Blind
ROBERT B. GARRETT
PRESIDENT/C.E.O.

HAVE YOU UTILIZED THIS PROGRAM BEFORE? YES NO

**Reimbursement Will Not Be Provided For Glasses
Ordered Without Agency Authorization**

TODAY'S DATE

SERVICE REQUESTED: Eye exam Glasses

FULL NAME

GENDER

PHONE

DATE OF BIRTH

PARENT'S NAME (IF UNDER AGE 18)

STREET ADDRESS

CITY, STATE, ZIP, COUNTY

REFERRED BY

CHILD'S SCHOOL (IF APPLICABLE)

Current Insurance: AmeriHealth Coventry Geisinger ACCESS Medicare None Other: _____

DATE OF YOUR LAST EYE EXAM AND PROVIDER NAME: _____

DO YOU HAVE? Diabetes Glaucoma Cataracts Macular Degeneration Low Vision

HOUSEHOLD MONTHLY INCOME (attach copies of income sources, i.e. payroll stub, soc. security statement, etc.)

Please list **ALL** members of your household even if they do not have an income, as well as **ALL** sources of income.
(examples: wages, food stamps, child support, SSI, SSDI,...)

HOUSEHOLD MEMBER NAME	RELATIONSHIP	SOURCE OF INCOME	AMOUNT	FORM?
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
TOTAL GROSS <u>MONTHLY</u> HOUSEHOLD INCOME:			\$ _____	
			x 12	
			YEARLY INCOME: \$ _____	

I certify, to the best of my knowledge, that the information that I provided here is true, correct and complete.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PAYMENT MUST BE PAID IN FULL TO NORTH CENTRAL SIGHT SERVICES BEFORE GLASSES ARE ORDERED