



NEW JERSEY LIONS EYEGLASS RECYCLING CENTER
NJ CURE PILOT PROGRAM
 (Correcting Uncorrected Refractive Error)



Lions Club Referral Application Form

PART I. This application form is only to be used by local Lions Clubs who have an existing relationship with an Optometrist who is willing to conduct an eye examination. In the event no Eye Care Provider is available, please use the Vision USA application and follow the procedure outlined by visiting WWW.NJLERC.ORG. Click on NJ/NY/PA CURE Program and download the application.

Applicant Name _____ **Last 4 digits of Social Security #** ___/___/___/___
 (Applicant fills out for self. Parent/Guardian fills out and then enters student name below)

Address _____ **Apt.#** _____ **Phone** _____

City _____ **State** _____ **Zip** _____

Student name: _____ **Birth Date** _____

(To be filled out if a student needs eyeglasses)

School _____ **Grade** _____

Does child wear eyeglasses? Yes No **If Yes, why are new ones needed?** _____

School Nurse (only): Signature _____

Is Student eligible for free lunch program Yes No **If yes, do not fill out balance of this form.**

Note: If Student is not eligible for reduced price meals Part II must be filled out in full and signed

PART II FOR AN ADULT OR A STUDENT WHO IS NOT ON A SCHOOL LUNCH PROGRAM,

Fill out the rest of the form below

INSURANCE: Yes No **If Yes,** Name & Policy Numbers of *any/all* Health Insurance Policies (Attach a copy of front/back of card) _____

Is Applicant employed? Yes No **If Yes,** Gross Income \$ _____ Net Income \$ _____

Employer (Name & Address) _____

If No, why? Social Security Disability Yes No **Unemployment** Yes No **Identify any other Government Assistance Programs the Applicant Receives** _____

Food Stamps: _____ **WIC** _____ **Other** _____

Provide Verification

Applicant Must Read and Sign This Statement:

I fully understand these services are limited to individuals unable to pay for or receive eyeglasses from other sources or assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services so rendered. I am aware that eyeglasses billed to me prior to the approval of this application will not be paid for by this service. I also understand my application may be reviewed by the Lions Club and eye care providers. These forms may be kept on file by the local Lions, the eyeglass professional, NJLERC and LCIF and will be kept confidential and not shared with third parties, such as insurance companies.

All information on and attached to this application is true and correct to the best of my knowledge.

Applicant Signature Date: _____

To be completed by Lions Club: _____	NJCURE# _____	Date Paid by NJLERC _____
Lions Club Authorizing Signature _____		Contact Phone Number: _____
<small>(President, Secretary or Treasurer)</small>		
Name of Optometrist: _____	Address _____	Phone _____

A copy of the signed application with a NJCURE# AND a copy of the prescription with the NJCURE# is to be faxed to (908)788-5467 (NJ CURE PROGRAM Coordinator)