

## Information Needed to Possibly Receive a VSP Voucher

**Patient Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

**Household Yearly Income** \_\_\_\_\_

**Number of People in the Household** \_\_\_\_\_

**Have You Received Assistance from VSP within**

**The Last 12 Months?** \_\_\_\_\_

**Which Voucher Are You Applying For** \_\_\_\_\_

**Name of Lions Club Assisting** \_\_\_\_\_

**Contact Person for the Lions Club** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Lions Club/or Lions Contact Person Mailing**

**Address** \_\_\_\_\_

\_\_\_\_\_

**Eye care services and prescription eyewear are not available through these certificates if already covered through a private insurer and/or government program.**