

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? Yes  No

Which Voucher Are You Applying For

- Exam & Glasses
- Glasses Only
- Student

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.

