



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

Voucher Covers in Full: adult or student eye exam, frames, single vision or lined multifocal lenses.

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.

"All questions must be answered"



Lions Clubs International FOUNDATION

