

GRANT APPLICATION FOR EYE CARE

Date: _____

Child's Name: _____ Initial: _____ Last: _____ DOB: _____ Last 4 Digits of SSN: _____

Address: _____ City: _____ County: _____ Zip: _____

How long has the child lived in the above county? _____ Yrs. School Attended Last School Year _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Living together _____

Parent Email Address (for grant notification): _____

Total number of children living in the home: _____

First & Last Name of Father/Stepfather living in the home: _____

Name & Location of Employment: _____

First & Last Name of Mother/Stepmother living in the home: _____

Name & Location of Employment: _____

If you receive additional monthly income, provide amounts. If not applicable, answer N/A:

TANF \$ _____ Child Support \$ _____ Death Benefits \$ _____ Disability \$ _____

SSI \$ _____ Food Stamps \$ _____ Military \$ _____ Unemployment \$ _____

Does child have Vision Insurance? Yes _____ No _____ Insurance Name: _____

Does Insurance cover Eye Exam? Yes _____ No _____ Glasses? Yes _____ No _____

If parent has applied to other programs for assistance, list programs and reason for not receiving assistance: _____

Name & Location of Eye Doctor: _____

Name & Location where you will purchase glasses/contacts: _____

INSTRUCTIONS: Please print, sign, and return to the Jones Foundation along with the following information: all paystubs received in the past 30 days prior to date of application, proof of all other monthly income listed above, child's state issued birth certificate, and proof of child's insurance, if applicable.

As the Applicant, I/we are requesting financial assistance from the Walter S. & Evan C. Jones Foundation for the above-mentioned individual (s). The information contained in this application is certified to be true and correct. Representatives of the Walter S. and Evan C. Jones Foundation may discuss this case with the necessary providers. I have received a current copy of the Jones Foundation Privacy Notice and agree with its content.

Furthermore, I/we certify that the above mentioned individual (s) is a United States Citizen, resides in Coffey, Lyon, or Osage County and has for a minimum of one year prior to this application, and is under the age of 21. I/we understand that all parties must maintain residency. Failure to do so will result in the loss of assistance from the Jones Foundation, if awarded.

Father/Stepfather Signature: _____ Date: _____

Mother/Stepmother Signature: _____ Date: _____

Preparer's Signature (if applicable): _____ Date: _____

Relationship to Applicant: _____