

Mount Pleasant Lions Club
Confidential Application
PO Box 744
Mount Pleasant, MI 48804

Applicant Name: _____

Date of Birth : _____

Date:_____

Spouse Name: _____

Number of Dependent Children: _____

Address: _____

City, State and Zip: _____

Telephone: _____

Cell Phone #: _____

EMAIL : _____

If Applicant is a minor:

Parent's Name: _____

Parent's Occupation: _____

Name and Address of Employer: _____

Name and address of spouse employer: : _____

If not employed, last employer: _____ Date Last Employed: _____

Total Monthly Income from all sources: _____

Are you receiving County, State, or Federal Assistance? _____ Y/N Source: _____

Do you have any type of insurance? _____

Estimated unpaid bills: _____

Amount Paid for housing: _____ OWN/RENT: _____

Request is for Eye Exam, Glasses, or Hearing: Please circle or enter on line: _____

Estimate cost for request: _____

If this application is for the correction of a visual defect, who would you prefer to do the testing? _____

Date:_____

I hereby certify that the above answers are true and correct statements.

Signature (if applicant is a minor, parent's signature) _____

Instructions: Please fill out information as completely as possible:
Take to: Central Michigan District Health Department
2012 E. Preston Ave
Mt. Pleasant, MI 48858
CMDHD to return to address shown at top of application.