

MONROE EXCHANGE CLUB
APPLICATION FOR FINANCIAL ASSISTANCE

Monroe County Resident Eyeglass Assistance for Children

I wish to take my child, _____ Grade _____ School _____

to **Great Lakes Vision Care, 750 Stewart Road #2, Monroe MI 48162 or Pinnacle Eye Group, 3309 Quail Hollow Dr. E., Lambertville Mi 48144 (circle one)** for an examination to determine the need for eyeglasses. I need financial assistance for the examination and eyeglasses, if needed, and I request the Monroe Exchange Club to pay for these costs. I am a resident of Monroe County, Michigan.

Parent/Guardian to fill out this section:

Father's Name	
Father's Address	
Father's Phone	
Father's Occupation	
Mother's Name	
Mother's Address	
Mother's Phone	
Mother's Occupation	

Is your family currently receiving assistance from the Michigan Department of Health and Human Services or Social Security? Yes _____ No _____

Total monthly income/# Dependents _____

Additional Circumstances _____

Parent/Guardian Signature _____

*Referring Person/Agency/ Phone# _____

All information contained on this form is confidential. It will be used for this purpose only

Mail form to: Larry Smith
3049 Mentel Rd.
Monroe, MI 48162

Email: larrysmith3049@gmail.com
Phone: 734-790-6203

* Required