Lions MD 44 Health Services of New Hampshire Application (HSNH)

For Eyecare Assistance – 2025–2026

All questions must be answered for this application to be considered. Information provided will be kept strictly confidential and used solely to evaluate your request for financial assistance.

Applicant Information

_____

_____

_____

Current Address:

_____

Number of Years at This Address: _____

Eligibility Check

Please indicate whether the applicant is already eligible for eye care prescription aid from the following sources. If unsure, contact them directly. If ineligible, please state the reason.

School Children (K–12): Yes / No Source: Healthy Kids Program or other

Income Assistance: Yes / No

Permanently Disabled Individuals: Yes / No

Senior Citizens (65+): Yes / No

_____

Contact Information

_____= Email _____=Telephone Number

Employment Information

_____

_____

_____

_____

Additional Information

Please provide any additional details that demonstrate financial need:

_____

_____

Eye Care Assistance: Exam and Glasses not to exceed $250.00

Applicant Certification

I, the undersigned applicant, certify that the information provided is accurate and complete. I authorize any individual or organization to release to the MD 44-NH Health Services Board any information necessary to confirm statements made in this application. In consideration of any aid granted, I agree to hold the Lions Clubs of NH harmless from any injury resulting from treatment paid by them. I understand that services may include only an exam and glasses.

_____

Mail Completed Application To:

PDG Jerry Vaccaro

74 Chase Road

Londonderry, NH 03053

lionjerryvaccaro@gmail.com