

**Lions Eye Bank
of Manitoba and Northwest Ontario Inc.**

320 Sherbrook Street
Winnipeg, Manitoba R3B 2W6
1-800-552-6820

(204) 772-1899

Fax: (204) 943-6823



Request for Eyeglasses (part 2)

Provincial Health #: _____ Group Insurance Carrier: _____ Plan #: _____

Employer: _____ Unable to work? _____

Supervisor: _____ Contact phone : _____

Monthly Expenses:

Food: \$ _____
Rent/Mortgage \$ _____
Utilities: \$ _____
Vehicle: \$ _____
Other: \$ _____

Total Expenses: \$ _____

Monthly Income:

Take home pay: \$ _____
Family Allowance \$ _____
Workers Compensation: \$ _____
Employment Insurance: \$ _____
Other Income: \$ _____

Total Income: \$ _____

Family Assets: _____

(Example: RRSP's, Mutual Funds, Term Deposits, Bonds etc.)

Of children in family: _____ Ages: _____

Of dependants (other than children): _____

Other important information: _____

I verify that the information provided is complete and correct to the best of my knowledge.

Signature of Applicant

Signature of Referral

All information provided will be kept strictly confidential.