

# WIMBERLEY LIONS CLUB PROCEDURE

## Student Visual Assistance Program

Rev Sept 2014

**Purpose:** To document the steps necessary for qualifying elementary and high school students to obtain monetary assistance for visual examinations and eye glasses.

**Items not covered:** To make sure we serve the maximum number of students with the available funds, this program includes only single vision glasses and does not include examinations outside of the routine eye examinations. It does not include special lens or frames such as contact lens or glasses for athletic functions.

### Attachments:

Attachment 1 Contacts – Names and information subject to change each year.

Attachment 2 & 2A Application for Lions Club Assistance for Visual Examination - this form is available in both English and Spanish, however all entries from the "Comments/Problems" section and below need to be in English.

Attachment 3 Memo of Understanding – defines the arrangement between the Lions Club and the School.

Attachment 4 Memo of Understanding - a voucher from the Lions Club to Texas State Optical, the authorized vendor for examinations and glasses under this program.

Attachment 5 – Log of Applications – maintained to make sure our budget covers the Applications from the current year.

### Steps to Obtain Assistance

1. Student obtains the Application for Lions Club Assistance for Visual Examination (after this called the Application- See Attachments 2 & 2A) from the School Nurse.
2. Student's family fills out the Application and returns it to the School Nurse. If the student is at KAPS, the application should be returned to the Counselor.

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3. School Nurse at WISD or Counselor at KAPS forwards via Fax, the completed Application for approval, to Rogers Holt @ rholt@gt.rr.com. (See Attachment 1, Contacts for the forwarding applications)
4. When notified by email, the Sight Chairperson will review the Application and approve it by attaching a signed copy of the Memo of Understanding (See Attachment 3).
5. The Sight Chairperson will forward the Application and the signed Memo of Understanding back to the School Nurse or Counselor that originated the Application.

*Note: The method of forwarding as of 2/6/13 is via scanning and email to the nurse that forwarded the application.*

6. The Sight Chairperson keeps a copy of the Application and the approved Memo of Understanding. The Sight Chairperson will maintain a Log of Applications that indicates the name of the student and the date of the Application approval.
7. When the approved Application is returned, the applicable School Nurse or Counselor should sign the Memo of Understanding between the Lions Club and the Schools.
8. For all schools, except KAPS, Barbara Essensee then forwards, a copy of the completed Application and the Memo of Understanding containing the Lions Club approval. She also follows up with TSO to make sure that the correct paperwork is received. For KAPS, the Lion's Sight Chairperson will forward the Memo of Understanding to TSO.
9. A copy of the Log of Applications will be forwarded monthly, by the Sight Chairperson to the Finance person responsible for paying the TSO bills under this program. No bill from TSO should be paid for any student not on the Log or when the charge for any student exceeds the \$130.00 maximum without first contacting the Sight Chairperson and the Board Advisor.
10. The Finance person will return a copy of the Log showing which Applications are paid to date at the first Lion's club meeting each month.
11. The Sight Chairperson will monitor the Log to make sure that the budgeted amount is sufficient to cover the current Applications and report to the Board Quarterly.

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**Attachment 1 - CONTACTS**

1. Applications for Approval, Emailed by Scan to: [rholt@gt.rr.com](mailto:rholt@gt.rr.com) (Rogers Holt)
  
2. Incumbents for Lion's Fiscal Year:
  - a. Health Programs Chairman:
    - (1) Sight Chairperson Rogers Holt
    - (2) Financial Lion for Eyeglass Program Linnea Bailey
  
3. Wimberley School Nurses
  - a. Wimberley High: Darelle Jordan, District Nurse
  - b. Danforth Junior High Barbara Essensee, Assistant Dist Nurse
  - c. Jacobs Well Elementary Katy Shugart or Barb Rehmet
  - d. Scudder Elementary Katy Shugart
  
4. Katherine Anne Porter School (KAPS)
  - a. John Sanchez, Counselor

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**ATTACHMENT 2 -APPLICATION FOR LION'S CLUB ASSISTANCE FOR VISUAL EXAMINATION**

(Fill out all applicable portions of this form and return to school nurse. If not applicable write NA.)

School \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Child lives with: Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_ No. of children \_\_\_\_\_

Employment: Father \_\_\_\_\_

Mother \_\_\_\_\_

Other \_\_\_\_\_

Income (monthly/weekly): Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Is the family known to any County/State/Federal public assistance agencies? (circle)

Which one(s)? \_\_\_\_\_

Free/Half lunch program? (circle) Has the family had Crisis Bread Basket help? \_\_\_\_\_

Has the applicant had Lions club Assistance before? \_\_\_\_\_ When? \_\_\_\_\_

Were glasses issued? \_\_\_\_\_ What happened to them? \_\_\_\_\_

Any comments/problems that need to be considered \_\_\_\_\_

Has a visit been made to the applicant's home by a representative of the WISD?

or Lions Club? \_\_\_\_\_. When? \_\_\_\_\_

Visited by \_\_\_\_\_

(signature and title)

The Lions Club has financial limitations. Do you feel that this assistance is needed and would be appreciated? \_\_\_\_\_ Comment \_\_\_\_\_

Please use the back of this page to give any additional information.

All information on this form will be kept strictly confidential

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**ATTACHMENT 2A - USO PARA LA AYUDA DEL CLUB DE LEÓN PARA LA EXAMINACIÓN VISUAL**

(Complete todas las porciones aplicables de esta forma. Si no aplicable, escriba el "NA".)

Escuela \_\_\_\_\_

Nombre de aspirante \_\_\_\_\_ Edad \_\_\_\_\_

Padre o Guarda \_\_\_\_\_

Dirección \_\_\_\_\_

El niño vive con: Padre \_\_\_\_\_ Madre \_\_\_\_\_ Ambos \_\_\_\_\_ Número de niños \_\_\_\_\_

Empleo: Padre \_\_\_\_\_

Madre \_\_\_\_\_

Otro \_\_\_\_\_

Ingreso (mensual / semenal): Padre \_\_\_\_\_ Madre \_\_\_\_\_ Otro \_\_\_\_\_

¿Conocen a la familia a condado/a estado/a agencias públicas federales de la ayuda? (círculo)

¿Cuál uno? \_\_\_\_\_

¿Programa libre o Mitad-tasado del almuerzo? (círculo) ¿La familia ha tenido ayuda "de la cesta del pan de la crisis"? \_\_\_\_\_

¿El aspirante ha tenido ayuda del club de leones antes? \_\_\_\_\_ Cuando? \_\_\_\_\_

¿Las gafas fueron publicadas? \_\_\_\_\_ ¿Qué les sucedió? \_\_\_\_\_

¿Comentarios/problemas que necesitan ser considerados? \_\_\_\_\_

¿Una visita ha sido hecha al aspirante casero por un representante del WISD?

¿O el club de leones? \_\_\_\_\_ ¿Cuando? \_\_\_\_\_

¿Visitado por quién? \_\_\_\_\_

(firma y título)

El club de leones tiene limitaciones financieras. ¿Usted se siente que esta ayuda es necesaria y sería apreciado?  
\_\_\_\_\_ Comentario \_\_\_\_\_

Utilice por favor la parte detrás de esta página para dar cualquier información adicional.

Toda la información sobre esta forma será mantenida terminantemente confidencial.

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**Attachment 3 – Memo of Understanding between Lions Club and the  
Schools**

MEMORANDUM OF UNDERSTANDING

Now comes the Wimberley Lions Club (Club) and Wimberley Independent School District (School) or Katherine Anne Porter School and enter into this Memorandum of Understanding regarding the referral of students needing eye glasses.

Whenever the designated person, School Nurse at WISD or Counselor at KAPS, determines that a student has a visual problem that could be corrected by the purchase of a pair of eye glasses, and the student's family is either receiving public assistance or is financially unable to purchase a pair of eye glasses, the Club will pay the cost of an eye examination and eye glasses using the following procedure:

1. An Application for Visual Assistance is prepared for the student.
2. If the student is determined to be eligible for visual assistance, the student's family/guardian of \_\_\_\_\_ will make an appointment for the student with the eye doctor under contract with the Club and the School Nurse or Counselor will notify the Club's designated representative of such appointment.
3. Upon receipt of a bill, the Club will pay directly to the eye doctor the cost of the eye exam and the cost of plain single vision eye glasses.
4. This service by the Club is available to those qualified student only once each year.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2015

Wimberley Lions Club

By \_\_\_\_\_

Wimberley Independent School District or KAPS

By \_\_\_\_\_

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**Attachment 4 – Memo of Understanding between Lions Club and  
Texas State Optical**

**TSO agreed on Eye Exams of \$50, with two choices of frames ranging from \$24 to \$30, and single vision plastic or polycarbonate lenses ranging from \$33 to \$50.**

**The charge for any single student should not exceed \$130.00**

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**Attachment 5 – Log of Applications**

	Student's Name	Lions Club Approval	Amount Paid	Notes
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