

LIONS OF MICHIGAN FOUNDATION

5730 Executive Drive, Lansing, MI 48911
(Voice) 517 887-6640 (Fax) 517 887-6642
www.lmsf.net - info@lmsf.net

Date Received	
Determination	
Certificate #	

VSP Vision - Global Eyes of Hope Eye Care Assistance Application

1. APPLICANT

Name:	
Mailing Address:	
City/State/Zip Code:	
Telephone/Email:	
Birth Date:	
Social Security Number:	

2. APPLICANT'S PARENT/LEGAL GUARDIAN *(For Applicants Under Age 18)*

Name:	
Telephone/Email:	

3. APPLICANT'S VISION INSURANCE *(Please Check One)*

☐ NONE ☐ MEDICAID ☐ MEDICARE ☐ PRIVATE INSURANCE

Vision Coverage Limitations:

FINANCIAL INFORMATION

Household Members Excluding Applicant

Name-Relationship-Age:	
Name-Relationship-Age:	
Name-Relationship-Age:	
Name-Relationship-Age:	

Annual Household Income:	Amount
Total Taxable Income (Form 1040, Line 22)	
Non-taxable Social Security Benefits (Form 1040, Line 20a – Line 20b)	
Other Income (Attach Schedule)	

A federal income tax return, FORM 1040, must be attached to the application unless the applicant is not required to file a tax return. Applicants who are not required to file a federal return must submit alternative documents that define all sources of income, including Social Security and public assistance.

I, _____, hereby authorize all medical care providers treating my medical condition to release protected health information to the Lions of Michigan Foundation, and I hereby attest that, to my knowledge, all information submitted with my application is accurate. I further understand that if my application is approved, the Lions of Michigan Foundation may use my information for reporting purposes and in marketing and promotional materials.

In signing this application, I authorize the use of this information, and I release the staff, officers, and representatives of the health care provider(s), the Lions of Michigan Foundation and its partners from all legal liabilities relative to the release of the information requested on this application.

Signature of Applicant/Guardian

Date



LIONS OF MICHIGAN FOUNDATION

5730 EXECUTIVE DRIVE - LANSING, MICHIGAN 48911

VOICE: 517 887-6640

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WEB: www.lmsf.net

February 20, 2023

I am pleased to inform you that your request for eye care assistance has been approved through our Lions partnership with VSP Vision Care. Please follow the Patient Instructions on the enclosed VSP Vision - Global Eyes of Hope Gift Certificate to obtain your free eye exam and eyeglasses. For additional help with your eye care needs, please contact our office.

Our Lions Clubs International Foundation and Lions of Michigan Foundation work in partnership with other charities and organizations, like VSP Vision, to provide eye care to people in our state who require a helping hand. We are pleased we could be of assistance in this case.

Sincerely yours,

Chad McCann
Executive Director

Enclosure: VSP Global - Eyes of Hope Gift Certificate

A Public Charity

Dedicated to improving the quality of life of people in Michigan with unmet needs.



VSP® Eyes of Hope®



Gift Certificate

Patient Name:		GC1299803	
Address:			
Phone:		Date of Birth:	
Patient ID:	129009803	Gift Certificate Expiration Date:	05/02/2023
Client Name: Lions Clubs International Foundation			
Partner Contact: Lions Clubs International Foundation (630) 468-7054			
Covered Services:	VSP Choice	Exam: Yes	Lens: Yes Frame: Yes

Partner Instructions

- Please distribute a unique certificate for each individual, even if members of the same family.
- Before distributing, fill in the recipient's name, address, phone, and date of birth above, and review the Patient Instructions that follow with them.

Patient Instructions

1. Call **800-877-7195** or visit **eyedoctor.vspeyesofhope.com** to find a participating VSP network doctor that carries brands like Marchon NYC™ and Lenton & Rusby**.
2. When you've found your VSP network doctor, call them to make an appointment. Let them know you have a VSP Eyes of Hope gift certificate for an exam, lenses, and frame.
3. Bring this certificate with you to the appointment.

Important Information

- You may use one certificate every 12 months.
- This certificate must be redeemed before the expiration date above.
- You must obtain your eye exam and eyewear from the same location.
- Lost, stolen, or broken glasses received through a certificate will not be covered or replaced.

Patient Questions?

Call **800-877-7195** or send us an email to **giftcertificates@vsp.com**.

Covered in full

Comprehensive
eye exam

Marchon* or Altair*
brand frame within
\$150 allowance*

Single vision or lined
multifocal lenses

Polycarbonate lenses
up to 19 years of age

*Visit **marchon.com** and **altaireyewear.com** for a current list of frame brands.
Not all frame brands listed may be within the covered allowance.

Patient Eligibility

To use this VSP Eyes of Hope certificate, the patient must:

- have a family income at or under 200% of the Federal Poverty Level guidelines;
- not have used a VSP program in the last 12 months;
- not have coverage through a private insurer or government program for the eye care services or prescription eyewear covered by this certificate.

Doctor Instructions

Thank you for helping to expand access to vision care for adults and children in need in your community! This patient was referred to you as a VSP Choice Network doctor, and you can be reimbursed for the eye care and eyewear provided. Prior to administering services, please review the following instructions.

Frame Coverage

- Under this VSP Choice Plan⁺, the patient is covered for any Marchon or Altair frame brand less than or equal to a \$57 wholesale or \$150 retail allowance. Extra \$20 does not apply.
- While 20% off the amount over the allowance for the VSP Choice Plan applies, this certificate is intended to cover a frame at no cost to the patient.

Verify Patient Eligibility, Authorize Benefits, and Submit Claim

- All claims must be submitted via eClaim on Eyefinity⁺.
- Check the expiration date on the front of this certificate; expired certificates will not be accepted.
- A Social Security number (SSN) is not required; however, if patient provides the last four digits of the SSN, check whether the patient has active coverage by using the "Member Search" button through eClaim or by calling the VSP Customer Experience Center.
- If no patient record appears, or if the patient does not provide an SSN, proceed to the next step.
- From the eInsurance tab, select the "Gift Certificate" button, enter the letters "GC" followed by the gift certificate number printed on the front (example: GC0000001), and click "GO."
- Create the patient record using the pre-printed "Patient ID" number on the front.
- Once the patient record has been created, check benefits covered via the VSP Provider Reference Manual for Choice or the "Patient Record" tab in eInsurance. Note: It may take 10-15 minutes after the authorization is created for the data to display.
- Process the material order through a VSPOne⁺ Technology Center available in the eClaim drop-down menu.
- Keep this certificate in the patient's file.

Not a VSP Choice Network doctor?

Refer the patient back to VSP at **800-877-7195** to find a participating doctor.

Important Information

- The patient may use one certificate every 12 months.
- The patient must receive their eye exam and eyewear from the same location.
- Patient pays for any additional lens enhancements requested.
- Elective contact lenses are not covered.
- After redeeming the certificate within a 12-month period, lost, stolen, or broken glasses will not be covered or replaced.

Doctor Questions?

Call **800-615-1883** or send us an email at giftcertificates@vsp.com.

This gift certificate is not for resale and has no monetary value.

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Classification: Public



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Helen Keller Fellowship Form

Section 1: Recipient Information

☐ Check here if the recipient is to be named later and proceed to section 2.

Honoree's Name: _____

Street Address: _____

City/State/Zip: _____

Is the honoree a progressive Helen Keller Fellow? ☐ Yes ☐ No

If yes, indicate the honoree's stage of progression: _____

Is the honoree a Lion? ☐ Yes ☐ No

If yes,

Club Name: _____

Is the honoree deceased? ☐ Yes ☐ No

If yes,

Award recipient's Name: _____

Section 2: Donor Information

Donation Amount: \$_____ (\$750.00 Minimum Donation – KidSight Fund)

Award Presentation Date: _____

Donor's Name: _____

Donor's Representative: _____

Telephone: _____ Email: _____

Street Address: _____

City/State/Zip: _____

Send Form & Payment To: **Lions of Michigan Foundation**
5730 Executive Drive
Lansing, MI 48911



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John S. Noel Fellowship Form

Section 1: Recipient Information

☐ Check here if the recipient is to be named later and proceed to section 2.

Honoree's Name: _____

Street Address: _____

City/State/Zip: _____

Is the honoree a progressive Noel Fellow? ☐ Yes ☐ No

If yes, indicate the honoree's stage of progression: _____

Is the honoree a Lion? ☐ Yes ☐ No

If yes,

Club Name: _____

Is the honoree deceased? ☐ Yes ☐ No

If yes,

Award recipient's Name: _____

Section 2: Donor Information

Donation Amount: \$_____ (\$1,000.00 Minimum)

Award Presentation Date: _____

Donor's Name: _____

Donor's Representative: _____

Telephone: _____ Email: _____

Street Address: _____

City/State/Zip: _____

Send Form & Payment To: **Lions of Michigan Foundation**
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Ken E. Lautzenheiser Fellowship Form

Section 1: Recipient Information

☐ Check here if the recipient is to be named later and proceed to section 2.

Honoree's Name: _____

Street Address: _____

City/State/Zip: _____

Is the honoree a progressive Lautzenheiser Fellow? ☐ Yes ☐ No

If yes, indicate the honoree's stage of progression: _____

Is the honoree a Lion? ☐ Yes ☐ No

If yes,

Club Name: _____

Is the honoree deceased? ☐ Yes ☐ No

If yes,

Award recipient's Name: _____

Section 2: Donor Information

Donation Amount: \$_____ (\$500.00 Minimum)

Award Presentation Date: _____

Donor's Name: _____

Donor's Representative: _____

Telephone: _____ Email: _____

Street Address: _____

City/State/Zip: _____

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