

COMANCHE NATION OPTOMETRY PROGRAM

OFFICE:580.699-5386 FAX:580.699-5389/P.O. BOX 908, LAWTON, OK 73502



Requirements for the Optometry Assistance with eyeglasses:

- ◇ Must be an enrolled Comanche Nation Tribal Member
- ◇ Must have a current valid eyeglass prescription

Documents required:

- ◇ Certification degree of Indian Blood (Comanche CDIB Card)
- ◇ Copy of a picture I.D.
- ◇ A current valid eyeglass prescription (Not over a year old)
- ◇ If you're an Out-of-Area Tribal Member you must submit a copy of your eyeglass statement from the vendor. (To receive the voucher)

Assistance for:

- ◇ Only one complete pair of eyeglasses per fiscal year on anniversary month

No Assistance for:

- ◇ Contact lens
- ◇ Lost, stolen, and/or damaged eyeglasses
- ◇ Reimbursements on any eyeglasses not approved by CN Optometry Program
- ◇ Doctor exams on eyes or contact lens
- ◇ Cataract Surgery's
- ◇ Cataract follow-ups

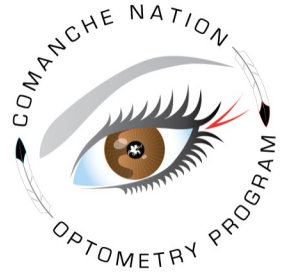
APPLICANT MUST READ ABOVE INFORMATION

APPLICANTS SIGNATURE

DATE

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Completely fill out entire form. Do not leave any questions unanswered. This is very important information that we need on file to get in contact with you, either by mail or phone. **Please Print Only**

APPLICANT'S INFORMATION:

AGE: _____

TODAY'S DATE: _____

Print Full Name: _____
First MI. Last Maiden (If Applies)

Comanche Roll #: _____

Parent/Guardians Name: _____

Date Of Birth: _____

Mailing Address: _____
Street or PO Box

Email Address: _____

Home Phone: _____ Cell Phone: _____

City, State, and Zip

Occupation: _____

Employer or School Name: _____

EYEGLOSS PRESCRIPTION INFORMATION:

Date on Prescription: _____

Name of Hospital/Clinic: _____

Name of Optometrist: _____

Are you Diabetic: Yes ___ No ___ (Type I or II)

During this examination did the Optometrist dilate your eyes? Yes ___ No ___

Is this your first eye examination with this Optometrist? Yes ___ No ___

The Optometry Program will provide eyeglass assistance to the enrolled Comanche Nation Tribal member once a year. There is no age limit or income requirement in our guidelines. The eyeglass assistance is based on first come—first serve. This program does not and will not reimburse tribal members with any assisted funds. It is your complete responsibility to submit all the necessary documents that are needed to complete this application. If we do not receive all documents your application will be pending and unprocessed for any assistance. Once it is complete you will be eligible for \$130 towards 1 complete pair of eyeglasses. If your order is under the \$130 and there is a balance left you are not entitled to use it on another pair of eyeglasses. If you want another pair you will have to pay the difference with your own funds. **Once you receive your eyeglasses the Comanche Nation Optometry Program will not be held responsible for any lost, stolen, and/or damage to them. If you fully understand please sign and date below.**

Applicants Signature _____ Date _____