

Comanche Nation Optometry Program

Office: 580-699-5386 Fax: 580-699-5389 1 SW D Avenue Lawton, OK 73501

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: _____ Comanche Roll #: _____

First MI. Last Maiden

Mailing Address: _____ Date of Birth: _____

_____ Email Address: _____

Street or P.O. Box

Cell Phone: _____ Home Phone: _____

City, State, and Zip

Occupation: _____ Employer or School Name: _____

If Minor Parent/Guardian's Name: _____

Eyeglass/Contact Prescription Information:

Date on Prescription: _____ Name of Clinic/Hospital: _____

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 either eyeglass or contact lens assistance to the enrolled Comanche Nation tribal member once a year. There is no age limit or income requirements in our guidelines. The 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 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 \$150 assistance towards prescription eyeglasses or prescription contact lens. If your order is under \$150 and there is a balance left you are not entitled to use it later on. You only get one chance to use the assistance. If you want to purchase more you would have to pay the difference with your personal funds. **Once you receive your eyeglasses/contacts 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.**

Applicant's Signature

Date

CNO Staff Member Signature

Date

Requirements for the Optometry Assistance for Eyeglasses/Contacts:

- ❖ Must be an enrolled Comanche Nation member
- ❖ Must have a current eyeglass/contact prescription

Documents required:

- ❖ Certification degree of Indian Blood (Comanche CDIB Card)
- ❖ A current valid eyeglass/contact prescription (not over a year old)
- ❖ Out-of-Area Tribal Member must submit a copy of your detailed eyeglass/contact invoice statement and **the vendor's W-9 form if we have never worked with them before.**

Assistance for:

- ❖ Prescription eyeglasses or contact lens per fiscal year on anniversary month
- ❖ Up to \$150.00

No Assistance for:

- ❖ Lost, stolen, animal chews, and/or super glue
- ❖ Reimbursements on any eyeglasses/contact lens
- ❖ Eye examinations
- ❖ Cataract surgery

APPLICANT MUST READ INFORMATION ABOVE

Applicant's Signature

Date