COMANCHE NATION

OPTOMETRY PROGRAM

OFFICE:580.699-5386 FAX:580.699-5389 1 SW 'D' AVE, LAWTON, OK 73502

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 (*If Applies*)

Mailing Address: Date of Birth:_____

Street or PO Box_____

City,State,Zip Code: _____ Email Address:_____

Home Phone: _____ Cell Phone: _____

Occupation:_____ Employer or School Name:_____

If Minor Parent/Guardians Name:_____

EYEGLASS 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 thr 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