

COMANCHE NATION

OPTOMETRY PROGRAM

OFFICE: 580.699*5386 FAX: 580.699-5389/P.O. BOX 908 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 (If Applies)

Parent/Guardians Name: _____ Date Of Birth: _____

Mailing Address: _____ Email Address: _____
Street or PO Box

_____ 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 _____

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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

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