TWO RIVERS WISCONSIN

CITY MANAGER
1717 E. Park Street
P.O. BOX 87
Two Rivers, WI 54241-0087

APPLICATION FOR FINANCIAL ASSISTANCE
FROM THE ANTONE L. SMONGESKI HEALTH FUND
FOR VISION EXAM/VISION WEAR

Note: Application must be made **BEFORE** making an appointment with your eye doctor

Complete this form and return to: THE ANTONE L. SMONGESKI HEALTH FUND
ATTN: CITY MANAGER'S OFFICE
POST OFFICE BOX 87
TWO RIVERS WI 54241-0087

Parent/Guardian Full Name:	
Address:	
Email:	
Phone Number:	
Total Number of Children at Home:	Eye Doctor/Clinic:

Child's Full Name:	Date of Birth:
School:	Grade:

I hereby state that I am familiar with the provisions that the child must be between the ages of 5 and 16 years, a resident of the City of Two Rivers, and because of financial need, require assistance.

The A.L. Smongeski Fund allows a maximum of $150.00 for vision exam or vision wear per calendar year, after insurance payment if applicable.

_____ _____
Signature of Parent/Guardian Date of Application

_____

The following to be completed by the Antone L. Smongeski Health Fund Committee:

By:_____