

# Comanche Nation Optometry Program

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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 / P.O. Box / Apartment #

\_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_  
City, State, and Zip

Occupation: \_\_\_\_\_ Employer or School Name: \_\_\_\_\_

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

If Minor Parent/Guardian's Name: \_\_\_\_\_

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 \$250 assistance towards prescription eyeglasses or prescription contact lens. If your order is under \$250 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 \$250.00

## **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**

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Applicant's Signature

Date