

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:

Print Full Name: _____ Age: _____ Today's Date: _____
First MI. Last Maiden Comanche Roll #: _____
Mailing Address: _____ Date of Birth: _____
Street / P.O. Box / Apartment #: _____ Email Address: _____
City, State, and Zip: _____ Cell #: _____ Home #: _____
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

Applicant's Signature

Date