

**Odd Fellows & Rebekah Visual Eye Bank Program
Application for Assistance**

Name of Applicant: _____ Date _____

Address: _____

Phone or E-mail: _____

Signature of Applicant: _____

Brief report on household income: _____

Reason for request for assistance: _____

Grand Lodge /Lodge to sponsoring Applicant: _____

Sponsors Name/Office/Lodge: _____

Does Applicant have Insurance: _____, if so list name & address _____

Medicare: _____ Medicaid: _____

Complete information of Optometrist/Facility performing service/exam: _____

Attach estimate for services required: Has applicant applied or received assistance before? Yes ___ No ___

Has applicant applied for help with in the 24 months? _____, if so what date: _____

Lodge and Verification listed below

This application will be verified by the Eye Bank Committee, Lodge or Grand Lodge with or without applicant's approval. Vote of the Grand Lodge & Sponsoring Lodge is also required prior to acceptance.

Referring Lodge: Signature of Noble Grand _____ Date _____

Secretary _____ Date _____

Referring Grand Lodge: Signature of Grand Master _____ Date _____

Grand Secretary _____ Date _____

Approval of Eye Bank Committee: Amount requested \$ _____ Approved Amount \$ _____

_____ Date _____

_____ Date _____

_____ Date _____

Seal of GL/L

Approved by Grand Master _____

Revised Rules for Eye Bank Committee

1. Does not have to be a member of the Order to receive assistance.
2. Must be referred through Grand Lodge, Odd Fellows Lodge or Rebekah Lodge and Eye Care Facility by application, this application form must be obtained from Grand Lodge office, form dated 1/2011.
3. Applicant must wait 2 years before reapplying for assistance; unless unusual and serious eye problems arise that require immediate care.
4. Payments will be made directly to eye care facility and not to applicant, payments will also be based on a percentage of total bills submitted, at least 50% and this is subject to change.
5. Pre-approval of application by Grand Lodge, Odd Fellows or Rebekah Lodge is required, with Lodge Seal and signatures of GM/GS, Nobles Grand & Secretary.
6. Estimate & bills must be attached to application before Committee may act on them.
7. Committee as the right to reject or accept any and all application presented, also to limit payments to unnecessary extras on eye glasses.
8. Above rules are to be adhered to unless special and serious circumstances are prevalent.
9. Secretaries of both Grand Lodge & Lodges may request reimbursements for postage and related expenses to Eye Bank business with receipt.
10. Applicants name must be kept private and not to be revealed to the Lodge at time of voting, only the content of the request for assistance can be read and acted on.
11. All Committee Members are obligated to keep private and not discuss openly any and all applicants except to other Committee Members, while on this committee or even after you are no longer a member of the Committee or of the Order.
12. The Chairman and at least one other Committee Member must sign approved application.
13. Donation to the Eye Bank received by Grand Lodge shall be properly deposited in the Eye Bank account at Peoples United Bank as directed by Grand Treasurer.
14. Payments shall be drawn from Peoples United Bank upon receipt of official approval order from the Eye Bank Committee & Grand Secretary, stating which care facility and the amount of payment. Said payment will be directed through the Grand Secretary and given with letter of explanation to Eye Care Facility & Lodge Secretaries who sponsored the application.
15. No, application will be approved unless duly verified by Eye Bank Committee.
16. The above rules are subject to change.

Approved by Executive Board of Grand Lodge of ME IOOF

Jan. 8th 2011 GM_ *Michael Anderson* _____