



## Certification of Vision Status

In order to qualify for a grant from the Lions Vision Resource Network, an applicant must provide evidence of low vision or other visual impairment. Please answer the questions below, then sign and date the form and return it to Lions Vision Resource Network via U.S. Mail to LCB/LVRN, PO Box 27404, Oakland, CA 94603.

Applicant's Name: \_\_\_\_\_

What is the nature of the applicant's visual impairment? Please provide a brief description, including age at onset and severity of impairment.

How long have you known the applicant, and in what capacity?

I, \_\_\_\_\_, certify that the applicant is visually impaired, and that all statements by me on this page are true and correct to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_