CHANGING LIFE THROUGH LENSES
FREE GLASSES

NM Lions Operation KidSight/AdultSight Eyeglasses Program
818 S. Solano Drive, Las Cruces, NM 88001
Email: nmlionskidsight@gmail.com Fax: 575-524-1699

The undersigned certifies that the following statements are true:

Applicant is living at or below New Mexico expanded poverty level:

2026 Expanded Medicaid income limits for adults ages 19–64

Household Size	Annual Income Limit (138% FPL)	Monthly Income Limit
1 person	about $22,025	about $1,835
2 people	about $29,863	about $2,489
3 people	about $37,702	about $3,142
4 people	about $45,540	about $3,795
5 people	about $53,378	about $4,448
6 people	about $61,216	about $5,101
7 people	about $69,054	about $5,754
8 people	about $76,892	about $6,407

Applicant is not covered by vision insurance for the pair of glasses

Applicant has no other means to otherwise afford vision services

Signature: _____

(PLEASE PRINT CLEARLY)

First Name: _____Last Name: _____

Address: _____City: _____ St: ___ Zip: _____

Date of Birth: _____

Phone Number: _____

Ethnicity:

Two or More Races___

Hispanic/Latino___

American Indian/Alaska Native ___

Asian ___

African American ___

Native Hawaiian/Other Islander ___

White ___

OFFICE USE ONLY:

Frame Info: ID _____ Color: _____ Size: _____