

WEST TEXAS LIONS EYE HEALTH FOUNDATION, INC.,

ASSISTANCE APPLICATION

THIS FORM MUST BE SUBMITTED THROUGH AN
INTERNATIONAL ASSOCIATION OF LIONS CLUBS
AFFILIATE CLUB

Name of requester:	Telephone: Home: () Office: ()	Date:
Residence Address: Street: _____ City: _____ State: _____ Zip Code: _____		
Name of recipient: (if different from requester)	Relationship of recipient to requester	Date of Birth of Recipient

Nature of request:

Financial Assistance
 Information
 Other

Describe request:

Please complete this section if requesting financial assistance:

Is the recipient covered by: MEDICARE ? MEDICAID ? OTHER _____ NO MEDICAL INSURANCE

Family profile: Husband / Wife
 Single Parent Household

Number of dependent children living in household:		Number of other dependents living in household:	
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MONTHLY FAMILY INCOME/EXPENSES FROM ALL SOURCES

INCOME	EXPENSES
Wages, salaries & tips \$ _____	Rent / Mortgage * \$ _____
Unemployment Compensation \$ _____	Utilities \$ _____
Social Security Compensation \$ _____	Food \$ _____
Child Support \$ _____	Clothing \$ _____
Aid to Dependent Children \$ _____	Telephone \$ _____
Food Stamps \$ _____	Car Expenses \$ _____
Pensions and Annuities \$ _____	Car Insurance \$ _____
Alimony \$ _____	Alimony \$ _____
Earned Income Credit \$ _____	Child Support \$ _____
Workman's Compensation \$ _____	Medical \$ _____
Other \$ _____	Other \$ _____
Total Monthly Income \$ _____	Total Monthly Expenses \$ _____

* If you are receiving free or subsidized rent assistance, please list amount and source: _____

MEDICAL PROCEDURE DETAILS

Consulting physician or other service provider: _____

Total cost of medical procedure: \$ _____	Amount available from other sources: \$ _____
Medical Insurance Coverage: \$ _____	Amount requested from West Texas Lions Eye Health Foundation: \$ _____

I certify that all information on this application is true and complete to the best of my knowledge and I agree to provide additional documentation to verify need if requested. I agree to inform the sponsoring Lions Club immediately of any changes in my income or family size. I understand that giving any false information could jeopardize approval of this application.

Signature of Applicant: _____ Date Signed _____

ENDORSEMENTS AND FINAL DISPOSITION

SPONSORING LIONS CLUB

Name of Club _____ Lions Club

District _____ City _____ State or Country _____

Recommendation: Financial Assistance → Amount Requested \$ _____ Other Assistance

Club Participation Financial Assistance → Approved Amount \$ _____ Other Assistance

Remarks: _____

Date: _____ Signature _____

Lions Club President

SCREENING COMMITTEE ENDORSEMENT

Recommendation: Financial Assistance → Amount Recommended \$ _____ Other Assistance

Contingent upon:

Club Participation: Financial Assistance → Amount Recommended \$ _____ Other Assistance

Other (explain in remarks): Financial Assistance → Amount Recommended \$ _____ Other Assistance

Remarks: _____

Date: _____ Signature _____

Chairman, Screening Committee

BOARD OF TRUSTEES

Approval: Financial Assistance → Amount Approved \$ _____ Other Assistance

Contingent upon:

Club Participation: Financial Assistance → Amount Required \$ _____ Other Assistance

Other (explain in remarks): Financial Assistance → Amount Required \$ _____ Other Assistance

Remarks: _____

Date: _____ Signature _____

Chairman, Board of Trustees

INSTRUCTIONS: This form must be endorsed by an active Lions Club

1. Complete the entire form.
2. Under "**Describe request**" please indicate the procedure to be performed and any attempts to obtain help from other agencies (i.e. Medicare, Texas Commission for the Blind, Lighthouse for The Blind, etc.)
3. Under "**MEDICAL PROCEDURE DETAILS**" provide all pertinent information indicated on the form and attach estimated charges signed by attending physicians and/or other facilities or medical participants as appropriate.