



DISTRICT 33-A LIONS SIGHT & HEARING CONSERVATION & TREATMENT FUND, INC.

Application for Assistance Case # _____

For the sponsoring Lions club:

The sponsoring club needs to evaluate/investigate the need of the applicant and accept the case. They must also determine what, if any, club funds can be contributed to this request.

1. The sponsoring clubs Board of Directors must approve this case and the Club President and Treasurer must sign the application on Page 4.
2. The sponsoring club must brief the Sight & Hearing Zone Representative on the case.

For the Sight & Hearing Zone Representative:

1. Assess the information provided by the sponsoring club.
2. Meet with the applicant to confirm the health and financial needs:
The latest vision or audio test results will determine the medical need; and completion of page 3 of this application will establish the financial need.
3. Thoroughly complete this application (including sponsoring club's President and Treasurer's signatures) and secure the sponsoring club's check donation for the case. (Check payable to S & H Fund).
4. Contact the Sight & Hearing President and Secretary requesting time on the next meeting agenda to present the case. In addition, the Rep should forward a redacted copy to the Secretary and President.
5. The Zone Representative presents the case to Sight & Hearing Committee. The Zone Representative will determine who, if anyone, connected to the case will be present at the presentation of the case.
6. Zone Representatives may also originate a case independently (i.e. one that has not come directly from a club) and then work with clubs in the Zone represented to find a sponsoring club. Same steps as above will apply.

INFORMATION TO BE COMMUNICATED TO ALL PARTIES BY THE ZONE REP

Do not bargain with Doctors or Hospitals! Leave that to the Sight & Hearing Fund Directors. **Do not pay any money to Doctors or Hospitals!** If the applicant and/or Club is contributing any money towards this case, turn all information and monies over to the Fund, who, in turn, will pay all bills. If the case is approved this will give the Fund greater bargaining power.

Name of Applicant: _____ Date: _____

Applicant's Residence: _____

Phone : _____ Date of Birth: _____ Marital Status : M S D Age _____

If minor, Parent or Guardian's name: _____

Applicant's Signature _____ Date _____

**DISTRICT 33-A
LIONS SIGHT & HEARING CONSERVATION
& TREATMENT FUND, INC.**

Application for Assistance

Sponsoring Club: _____ Zone: _____

Description of request: _____

Medical Information:

Medical Insurance Provider: _____

Address: _____

Phone: _____

Other Agencies providing assistance: _____

Are you a veteran: Yes NO

If you are a veteran, the Veteran Administration will pay for glasses and hearing aids.

Total amount of assistance: _____ Number of family members in the household: _____

Employment (Applicant or Guardian): If not currently employed, list last employer.

Employer's name & address: _____

Employer Phone: _____

Net Worth Statement

Assets:

Savings total _____
Checking total _____
Other _____
Total cash _____

Other Assets:

Home _____
Automobile _____
Other _____
Total other assets: _____

Investments:

Stocks/CDs _____
Other _____
Total Investments: _____

Total Assets: _____

Liabilities

Mortgage _____
Auto Loan _____
Other Loan _____
Credit Card Bal _____

Total Liabilities: _____

Total Assets minus Liabilities: _____

The zone Rep should review the basis of this financial statement with the applicant, making sure of the accuracy of the calculation.

By submission of this request, the applicant authorizes the District 33A Sight & Hearing Fund and/or the sponsoring Lions Club to verify any statements contained herein with any insurer, hospital, doctor, or any other party, and to receive any or all diagnosis and test results. Your signature on the front of this application and your initials below will attest to your having read, understood, and agreed upon the above statement.

Initials of Applicant or Guardian

Cash Flow Statement

Monthly Income:

Monthly (Net) earnings _____
Social security _____
Pension _____
Alimony _____
Other _____
Total Income _____

Monthly Expenses:

Monthly auto _____
Monthly food _____
Monthly utilities _____
Monthly Insurance _____
Home Mortgage/Rent _____
Home Repair allowance _____
Monthly property tax _____
Credit cards/Loans _____
Other _____
Other _____
Other _____
Other _____
Other _____

Total Expenses:

Total Income minus Expense: _____

Lions Information

Zone requesting assistance: _____ Sponsoring Lions Club: _____

S & H Zone Rep :

Comments by Club or Advisor: _____

Total estimated cost _____

Total amount of other assistance _____

Amount Lions Club will contribute _____

Amount available from applicant _____

Amount requested from Sight & Hearing Fund _____

Signature of Club President

Signature of Club Treasurer

Review by Sight and Hearing Fund

Date application received: _____ Reviewed by SHF: _____

Action taken by SHF: _____

_____ Date action taken: _____

Amount of request approved: _____ Date case closed: _____

Comments: _____
