



District 33-A
Lions Sight & Hearing
Conservation & Treatment Fund, Inc.

Application for Assistance

Code # _____

Recommended steps in presenting a Sight & Hearing Case:

1. 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.
2. The sponsoring clubs Board of Directors must approve this case and minutes of the Board of Directors meeting must accompany the request for assistance.
3. The sponsoring club must brief the Sight & Hearing Zone Representative on the case. The representative should:
 - Check the form for completeness.
 - If acceptable, then contact the Sight & Hearing President stating that the representative is presenting a case for acceptance at the next meeting.
4. The Zone Representative presents the case to Sight & Hearing. The Zone Representative will determine who, if anyone, will be present at the presentation of the case to Sight & Hearing. The Zone Representative may perform the tasks necessary in steps 1-3 if no sponsoring club is found.
5. The applicant or designated person should complete the information requested as completely as possible. Any additional information or clarification will be requested by telephone or a personal visit. A telephone number where the applicant can be reached must be included. The following information **is required** before a case may be submitted to Sight and Hearing Fund.

INFORMATION TO BE COMMUNICATED TO ALL PARTIES

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 method of operation will give the Fund a greater bargaining power.

The following personal information on this page will only be seen by the Case Representative and The S&HF Treasurer.

Please print

Name of Applicant: _____ Date: _____

Applicants Residence. _____

Phone: _____ Date of Birth: _____ Marital Status: _____

If minor, Parent of Guardian's name: _____

Applicant's Signature _____

District 33-A
Lions Sight & Hearing
Conservation & Treatment Fund, Inc.
Application for Assistance

Code # _____ **Case #** _____
Assigned by Zone Rep. Assigned by S & H President

Sponsoring Club: _____ Region: _____ Zone: _____

Description of request: _____

Medical Information:

Medical Insurance Provider: _____

Address: _____

Phone: _____

Other Agencies providing assistance: _____

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: _____

Phone: _____

Last year's Federal Income Tax return can be furnished in lieu of the following information:

NET WORTH STATEMENT

Assets - current balances

Cash and Bank Accounts _____

Savings total _____

Checking Total _____

Other _____

Total cash accounts _____

Other Assets

Home _____

Automobile _____

Other _____

Total other assets: _____

Investments

Stocks/CDs _____

Other _____

Total Investments _____

TOTAL ASSETS: _____

LIABILITIES -- current outstanding balances.

Mortgage _____

Auto Loan _____

Other Loan _____

Credit Card Balances _____

Subtotal of liabilities _____

TOTAL LIABILITIES _____

CASH FLOW STATEMENT

INFLOWS -- income

Monthly Earnings _____

Alimony _____

Interest/Dividends _____

Other _____

Total Inflows _____

OUTFLOWS- Expenses

Monthly food _____

Monthly Auto _____

Monthly Utilities _____

Monthly Insurance _____

Home Mortgage/Rent _____

Home Repair allowance _____

Monthly property tax _____

Miscellaneous _____

TOTAL OUTFLOWS _____

TOTAL INFLOWS less OUTFLOWS _____

TOTAL ASSETS less LIABILITIES _____

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

Initials of Applicant or Guardian

Lions Information

Region requesting assistance: _____ Sponsoring Lions Club: _____

Region Advisor: _____

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 SHIF: _____

Action taken by SHIF: _____

_____ Date action taken: _____

Amount of request approved: _____ Date case closed: _____

Comments: _____
