

# MILL CREEK LIONS FOUNDATION

## APPLICATION FOR ASSISTANCE



**Return completed forms to:**

Mill Creek Lions Foundation  
 PO Box 12022, Mill Creek, WA 98082  
 or E-Mail Form to:  
[MillCreekAssistance@Lions19B.com](mailto:MillCreekAssistance@Lions19B.com)

**Questions:**

E-mail: [MillCreekAssistance@Lions19B.com](mailto:MillCreekAssistance@Lions19B.com)  
 or call our Lion's Club Help-Line at:  
 (206) 528-2525 and leave a message.

Applicant's Name:		Date:	
Address:			
City:		Zip:	
Home Phone:		E-mail:	
Application is for: Self		Other (Specify):	
Name of Parent if Applicant is a minor:			
What are you applying for?			
Eye Exam	Glasses	Hearing Exam	
Hearing Aid	Other (Specify):		
<b>Sources of income and Amount:</b>			
			\$
			\$
			\$
Savings Amount:			\$
<b>Expenses (Monthly) Approximate Amount:</b>			
Rent / Mortgage:			\$
Utilities			\$
Car Payment / Insurance:			\$
Food:			\$
Other (Specify):			\$
Type of Health Insurance (Including Medicaid or Medicare):			
What it covers:			
Other pertinent information:			

For Re-furbished Hearing Aid(s), we ask some contribution to help pay. Any amount you can provide to our club after you have been served is most appreciated ! \_\_\_ \$20 \_\_\_ \$30 \_\_\_ \$40 \_\_\_ \$50 \_\_\_ Other

Applicant's or Parent's signature: \_\_\_\_\_

<p><b>For Club use only:</b>                  Date application received: _____                  Action taken: _____</p>
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