**Mill Creek Lions Foundation**

**Woodinville Lions**

**APPLICATION FOR ASSISTANCE**

**Return completed forms to: Questions:**

Mill Creek Lions Foundation e-mail: MillCreekAssistance@Lions19B.com

PO Box 12022, Mill Creek, WA 98082 or call our Lions Club Help Lion at

or E-Mail Form to: (206) 528-2525 and leave a message.

MillCreekAssistance@Lions19B.com

|  |  |
| --- | --- |
| Applicant’s Name: | Date of Birth: |
| Address: |
| City: | Zip: |
| Home Phone: | E-mail:  |
| Application is for: Self |  | Other (Specify): |
| Parent or Guardian if Applicant is a minor: |
| What are you applying for? |
|  | Eye Exam |  | Glasses |  | Hearing Exam |
|  | Hearing Aid |  | Other (Specify): |
|  |
| **Sources of income and Amount:** |
|  | $ |
|  | $ |
|  | $ |
| Savings Amount: | $ |
|  |
| **Expenses (Monthly) Approximate Amount:** |
| Rent / Mortgage: | $ |
| Utilities | $ |
| Car Payment / Insurance: | $ |
| Food: | $ |
| Other (Specify): | $ |
|  |
| Health Insurance (Including Medicaid or Medicare): |
| Does it cover this procedure? |
| Other pertinent information: |
|  |

Note: For Hearing Aid(s) there is a $50 Co-Pay required at time of visit.

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

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Club use only:***

Date application received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_