

Mill Creek Lions Foundation Woodinville Lions

APPLICATION FOR ASSISTANCE

Return completed forms to:

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

Questions:

e-mail:

 or call our Lions Club Help Lion at
 (206) 528-2525 and leave a message.



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?			
<input type="checkbox"/> Eye Exam	<input type="checkbox"/> Glasses	<input type="checkbox"/> Hearing Exam	
<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> 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: _____

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