

## APPLICATION FOR ASSISTANCE



BOLINGBROOK LIONS CLUB  
P.O.BOX 1543  
BOLINGBROOK, IL. 60440  
[www.bolingbrooklions.org](http://www.bolingbrooklions.org)

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

If no phone, please give a name & phone number where a message can be left:

Employer \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

If unemployed, last date of employment \_\_\_\_\_

Marital status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Who referred you to the Lions? Name \_\_\_\_\_ Phone \_\_\_\_\_

If applicant is a minor, parent's or legal guardian's name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Has applicant ever received assistance from a Lions Club? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ Type of assistance? \_\_\_\_\_

Applicant's insurance co. (or parent's if minor) \_\_\_\_\_ Phone \_\_\_\_\_

May we contact your insurance company? Yes \_\_\_ No \_\_\_ How much of the estimated cost will your

insurance company cover? \_\_\_\_\_ Is applicant eligible for Medicaid or Medicare? \_\_\_\_\_

What percentage of the estimated costs of these services would you share with the Lions? \_\_\_\_\_ %

Total income of applicant or parent(s)? \$ \_\_\_\_\_ weekly \_\_\_\_\_ monthly \_\_\_\_\_ annual \_\_\_\_\_ other \_\_\_\_\_

Is applicant or parent(s) receiving any type of aid? (check each) public aid \_\_\_ welfare \_\_\_ food stamps \_\_\_

Social Security \_\_\_ Unemployment insurance \_\_\_ Union Benefits \_\_\_ Disability insurance \_\_\_ Other? \_\_\_\_\_

Monthly expenses: Rent or mortgage \_\_\_\_\_ Food \_\_\_\_\_ Utilities \_\_\_\_\_ Credit cards \_\_\_\_\_

Medical insurance \_\_\_\_\_ Car(s) payment(s) \_\_\_\_\_ Other \_\_\_\_\_

**Depending on the nature of assistance requested we may ask to see your most current Income Tax form.**

What assistance is requested from the Bolingbrook Lions Club? (please describe in detail)

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(attach a separate sheet if necessary)

Urgency of need (this must be completed)

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Does applicant currently have an eye or hearing doctor? Yes \_\_\_ No \_\_\_ If yes, complete below.

Dr. \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

I, the applicant (or parent), understand that I may be interviewed by telephone, or in person, if additional information or if clarification of this application is needed. I have answered all questions to the best of my ability.

Applicant's signature \_\_\_\_\_

Parent or guardian signature \_\_\_\_\_

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

Thank you for contacting the Bolingbrook Lions Club. Our best wishes to you.



**LIONS CLUB USE ONLY**

Date of Review \_\_\_\_\_ Member \_\_\_\_\_ Approved \_\_\_ Disapproved \_\_\_ Date \_\_\_\_\_

Reason if disapproved \_\_\_\_\_

Service approved \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date letter of approval or disapproval sent to applicant \_\_\_\_\_

Referred to \_\_\_\_\_ Date Provider notified \_\_\_\_\_ Date of service \_\_\_\_\_

Date invoice paid \_\_\_\_\_ Notes: \_\_\_\_\_

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