

**APPLICATION FOR LIONS CLUB ASSISTANCE**

(Form Updated 7/2016)

Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name (if under 18) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Phone \_\_\_\_\_ School District \_\_\_\_\_

Previous Address (**Complete if less than 3 years at previous address**) \_\_\_\_\_ How long? \_\_\_\_\_

How long have you resided in Wayne County? \_\_\_\_\_

**MEDICAL INFORMATION**

Do you presently wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how old is your present prescription? \_\_\_\_\_

Has the Lions Club ever helped you before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

What circumstances, such as poor health, employment or financial situation, should the Lions Club consider when reviewing your application? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of financial assistance are you requesting? (Check one) Eye Exam \_\_\_\_\_ Glasses \_\_\_\_\_ Both \_\_\_\_\_

Could you afford to pay for any portion of this expense? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much? \_\_\_\_\_

**HOUSEHOLD INFORMATION** -List all people who live in your household and **complete a separate "Employment/Income Questionnaire" for each person over the age of 18 and attach it to this application.**

	Relationship	Age
Head of Household	_____	_____
Spouse	_____	_____
Others	_____	_____
	_____	_____
	_____	_____

Does anyone in your household own real estate? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give estimated value \_\_\_\_\_

**If renting, give landlord's name and phone number** \_\_\_\_\_

**HOUSEHOLD EXPENSES**

Amount of monthly Rent or Mortgage paid by you \_\_\_\_\_ Subsidized by Metro? Yes \_\_\_\_\_ No \_\_\_\_\_

Utility Expenses (not paid through any type of assistance): Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_ Water/Trash \$ \_\_\_\_\_ Other Expenses \_\_\_\_\_

**Please complete other side**

**EMPLOYMENT/INCOME QUESTIONNAIRE**

*Applications that are **INCOMPLETE** will be returned and assistance may be delayed for one month.*

**INSTRUCTIONS:** Information in this section should include each person in the household who is over 18 years old, including the applicant. Attach additional paper if needed.

**\*\*\*ATTACH PROOF OF INCOME FOR ALL MEMBERS OF THE HOUSEHOLD\*\*\***

Applicant Name \_\_\_\_\_

Name of Current Employer \_\_\_\_\_ How Long Employed \_\_\_\_\_

Employer Address & Phone Number \_\_\_\_\_

Approximate Number of Hours Worked Per Week \_\_\_\_\_ Hourly Rate of Pay \_\_\_\_\_

Approximate Take Home Pay Per Week \_\_\_\_\_

If not employed, please explain in detail \_\_\_\_\_

**PREVIOUS EMPLOYMENT HISTORY - For the last FIVE years**

From Mo/Yr	To Mo/Yr	Employer Name/Telephone	Reason for Leaving

***Please indicate whether you have recently applied or your children are currently receiving assistance from any of the following programs and indicate the amount you receive each month:***

	<u>Currently Receive</u>		<u>Amount Received</u>
Food Stamps	Yes	No	\$ _____
Unemployment Compensation	Yes	No	\$ _____
Workers Compensation	Yes	No	\$ _____
Ohio Works First (OWF)	Yes	No	\$ _____
Disability Assistance	Yes	No	\$ _____
Spouse/Child Support	Yes	No	\$ _____
Veterans Benefits	Yes	No	\$ _____
Social Security	Yes	No	\$ _____
SSD/SSI	Yes	No	\$ _____
Pension		Yes No	\$ _____
Other	Yes	No	\$ _____

***Please indicate whether you are currently eligible for any of the following:***

Medicaid Card	Yes	No
CareSource	Yes	No
Buckeye	Yes	No
United Health Care	Yes	No
Private Insurance	Yes	No

*I certify that all information included in this application is complete and true to the best of my knowledge. I authorize the Lions Club to access all records necessary to investigate and verify the information provided in this application. **I agree to pay a \$10.00 co-pay fee at the time of my exam.***

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this application to: **United Way's 2-1-1, P.O. Box 548, Wooster, Ohio 44691** Your application will be forwarded to the appropriate Lions Club (according to your residence) and then, **the Lions Club will contact you directly about your application.**