

APPLICATION FOR LIONS CLUB ASSISTANCE

(Form Updated 8/2021)

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:

	Currently Receive		Amount Received
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 WHIRE, 215 S. Walnut St, Wooster, OH 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.