



District 11-E2

Application for Assistance

Funding source: Diabetes General Medical Assistance
 Hearing Assistance Speech Assistance

Name: _____ Age _____ Phone _____

Address: _____ City, Zip _____

County _____ Family income: _____ Number of people

living in the home: _____ Source of income: _____

Medical insurance: None Medicare Spend down
 Medicaid Blue Cross Other (please indicate) _____

If you have medical insurance, is item or service covered under insurance? _____

If you do not have medical insurance, have you applied for assistance from FIA and what was the outcome? _____

Amount of assistance requested: _____ Assistance requested for (please be as specific as possible; attach additional documentation if necessary): _____

Is there any other information that you feel that the Lions need to know in order to evaluate your application for assistance?

By signing and submitting this application, I certify that the information is accurate to the best of my knowledge. I also give both the local Lions Club and District 11E-2 the authority to disclose this information to committee members to the extent necessary to evaluate this application for consideration of funding.

Signature of applicant or parent if applicant is a minor child

Date

Send completed application to Jan Kane, 1501 West Chisholm, Alpena, MI, 49707

**Club Evaluation Form
For Assistance**

Local Club _____

Results of Evaluation

Recommend no funding Recommend funding for \$ _____

Funding source:

- Diabetes
- General Medical Assistance
- Hearing Assistance
- Speech Assistance

Club contact person _____

Phone _____ E Mail _____

Signature of Club President _____ Date _____

Actions of the Medical Assistance Chair _____
