Lions Charity Foundation of District 24D

SERVING THE COMMUNITIES OF SOUTHEASTERN VIRGINIA

Lion Edward "Moon" M. Kosjer Endowment Fund

Application for

FINANCIAL ASSISTANCE WITH EYECARE (LCF IV)

DATE

LIONS CLUB INFORMATION

SPONSORING LIONS CLUB

RESPONSIBLE LIONS CONTACT

RECIPIENT'S INFORMATION

NAME	SSN	SEX ☐ FEMALE ☐ MALE	AGE
ADDRESS			
CITY	STATE	ZIP	
HOME PHONE NO. ( )	WORK PHONE NO. ( )	NUMBER OF DEPENDENTS	AGES

WORK INFORMATION

EMPLOYER	OCCUPATION	
ADDRESS		
CITY	STATE	ZIP
PHONE NO. ( )	SALARY / MONTH	HOW LONG HAVE YOU BEEN EMPLOYED?

FINANCIAL INFORMATION

DO YOU RECEIVE ANY OTHER INCOME? *(EXAMPLE: SOCIAL SECURITY, DISABILITY OR AID TO DEPENDENT CHILDREN)* ☐ YES ☐ NO	SOURCE	AMOUNT PER MONTH
DO YOU RECEIVE ANY ASSISTANCE FROM ANY CHARITY? *(EXAMPLE: MONIES, ETC.)* ☐ YES ☐ NO	SOURCE	AMOUNT PER MONTH

MONTHLY EXPENSES

	AMOUNT		AMOUNT
1. RENT OR HOUSE PAYMENT	$	6. INSURANCE	$
2. TRANSPORTATION	$	7. FOOD	$
3. UTILITIES	$	8. MEDICAL	$
4. CABLE	$	9. MISCELLANEOUS	$
5. TELEPHONE	$	**TOTAL MONTHLY EXPENSES**	$ **0.00**

Continued on Page 2

FINANCIAL INFORMATION CONTINUED

DO YOU HAVE ANY FAMILY WHO WOULD ASSIST WITH THE PAYMENT OF YOUR MEDICAL OR DOCTOR BILLS?	NAME	AMOUNT
☐ YES ☐ NO		

INSURANCE INFORMATION

DO YOU HAVE MEDICAL INSURANCE OR ARE YOU COVERED BY MEDICARE, MEDICAID OR OTHER INSURANCE?	PLAN NAME	
☐ YES ☐ NO		
POLICY / CLAIM / CASE NO.		
GROUP NO.	EFFECTIVE DATE	END DATE
MEDICARE	MEDICAID	

ASSISTANCE NEEDED

DESCRIPTION OF ASSISTANCE NEEDED	
ESTIMATED COST $	

ACTION TAKEN

DESCRIPTION OF ACTION TAKEN		
DATE	AMOUNT RECOMMENDED $	

Please mail or email application to current foundation secretary.

See district directory for current secretary.