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

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

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**	$

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FINANCIAL INFORMATION CONTINUED

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

INSURANCE INFORMATION

DO YOU HAVE MEDICAL INSURANCE OR ARE YOU COVERED BY MEDICARE, MEDICAID OR OTHER INSURANCE? ☐ YES ☐ NO	PLAN NAME	
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.