



WV LIONS APPLICATION FOR SIGHT ASSISTANCE

Sponsoring Lions Club		Dist		Date	
Lion Member submitted		Phone			
Assistance being requested					
Referring Doctor		Phone			

Complete and return this application to the Lion or Lion Club which made it available to you.

Your answers to personal and private information will be important in determining your qualifications for assistance through the West Virginia Lions Sight Conservation Foundation (WVLSCF). If you fail to answer any of the questions, or don't give acceptable reasons why you did not answer, your application will be delayed or denied. Your answer and attached supporting information will be treated with the utmost confidence by Lions and the service providers with whom Lions work. If this application is approved, you will receive service from professional technicians, physicians and medical facilities with whom Lions work. Individual Lions, Lions Clubs, the WVLSCF and Lions Club International accept no responsibility for the accuracy or reliability of these services.

By your signature on this application, you have read and agreed to the above terms and conditions.

Income: Yearly

Applicant Name		Phone		Veteran	
Address				Food Stamps	
City/State/Zip				Unemployment	
Social Security #		Sex	Date of Birth	Pension/Retirement	
SSI (Yes/No)	Aid from other sources				Social Security
Employer				Alimony	
Emp. Address				Child Support	
Phone	Wages per month \$	Years employed			Public Assistance
Reason for leaving				Case #	
Spouse's Name		Phone			
Employer		Wages per month \$			TOTAL INCOME

Expenses: Yearly

Number of dependents living with you?			#	Gas	
Name	Age	SS #			Electric
Name	Age	SS #			Water
Name	Age	SS #			TV/Cable
Total income yearly \$	Total in checking/saving				Telephone/Cell
Other assets				Real Estate Tax	
Own your home?	Value \$	\$	Payments \$	Property Tax	
Do you rent?	Monthly Rent \$	Utilities included		Life Insurance	
List vehicle(s): year, model				Auto Insurance	
Value \$	Payments \$	Insurance \$			Supplemental Ins.
				Prescription	
				TOTAL EXPENSE	

Applicant's Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

REPORT OF SIGHT FOUNDATION SERVICE COORDINATOR

Signature _____ Approved () Disapprove () Date: _____