

## Lions of Wyoming Grant Application Form

### INSTRUCTION FOR COMPLETING PATIENT EYE CARE APPLICATIONS:

**It is vitally important that a club applying for assistance (FROM THE PATIENT EYE CARE PROGRAM OF THE LIONS OF WYOMING FOUNDATION) thoroughly screen the individual patients. This is important whether the club is applying for either a matching grant or a matching grant with a loan. The screening should include a complete review of the financial background of the applicant or if the patient is a minor review of the financial resources of the parents/guardians.**

**The attached application** is an aid in determining the resources of the individual or family. **It must be completed and returned to the Foundation office with the club application.** *A personal, one-on-one interview with the patient in his or her home is ideal.* Some applicants may have the personal ability to pay, or be covered by health insurance, Medicare or Medicaid. It is necessary to be completely certain that there is a bona fide need and an inability to pay by the patient requesting assistance. **The Patient Eye Care Program of the Foundation, in conjunction with a club should always be the “last resort”.**

Once the club has determined that the family has exhausted all means of payment, an application to the Lions of Wyoming Foundation can be made. **When this is determined, be sure to ask the physician, hospital and all providers of medical care if they will waive or discount their normal fees.**

**After reading these instructions carefully, please work with the applicant, the medical providers and your club to complete the forms completely before sending them in to the Foundation office.**

If additional information is required, please refer to the Policy Manual, page 31.

**Lions of Wyoming Foundation**  
**GRANT APPLICATION – Part 1**  
(To be filled out by the person requesting assistance)

**PLEASE PRINT OR TYPE**

TO: \_\_\_\_\_ Lion/Lioness Club

Patient's Name: \_\_\_\_\_

If a Minor, Name of Parents/Guardians: \_\_\_\_\_

Date of birth of applicant: \_\_\_\_\_

Number in household \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Other Income: \_\_\_\_\_ Savings: \_\_\_\_\_

Source: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

**QUALIFICATIONS:**

HEALTH INSURANCE: \_\_\_\_\_ YES \_\_\_\_\_ NO

MEDICARE: \_\_\_\_\_ YES (PART A \_\_\_\_\_ PART B \_\_\_\_\_)  
\_\_\_\_\_ NO

MEDICAID\* \_\_\_\_\_ YES \_\_\_\_\_ NO

\*We will accept Medicaid if qualified: \_\_\_\_\_ YES \_\_\_\_\_ NO

V.A. ELIGIBILITY \_\_\_\_\_ YES \_\_\_\_\_ NO

**MONTHLY EXPENSES:**

	<b>Monthly Payments</b>
House Payment or Rent:	\$ _____
Car Payment:	\$ _____
Make/Model, Year _____	
Recreational Vehicle (Boat, RV, ATV, ETC.)	
Type _____ Value \$ _____	\$ _____
Other Expenses:	
Lights, Heat, Telephone	\$ _____
Insurance:	\$ _____
Food Budget:	\$ _____
Other:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

Financial Resources:	
Checking account balance	\$ _____
Savings account balance	\$ _____
Other assets (stocks, bonds, life insurance cash value, property owned)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

**OTHER INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

Are extended family members able to contribute to the cost of  
treatment/surgery? If so, how much? \$ \_\_\_\_\_

**THE INFORMATION PROVIDED HERE IS CORRECT AND TRUE.  
WE ATTEST TO THE ACCURACY:**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Parent/Guardian's Signature (if patient is a minor)

\_\_\_\_\_  
Spouse's Signature

**Lions of Wyoming Foundation**  
**GRANT APPLICATION – Part 2**  
**(To be filled out by sponsoring Lions Club)**

DATE: \_\_\_\_\_

NAME OF CLUB SUBMITTING APPLICATION: \_\_\_\_\_

CLUB ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CONTACT LION: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONES: \_\_\_\_\_

Day

Evening

Fax

PATIENT'S NAME: \_\_\_\_\_

ADDRESS: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

IF A MINOR, NAME OF PARENTS/GUARDIANS: \_\_\_\_\_

PATIENT'S VISUAL PROBLEM: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

**MEDICAL TREATMENT REQUESTED SECTION:**

PATIENT'S DOCTOR: \_\_\_\_\_

ADDRESS: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

***To be filled out by Treating Physician:***

PHYSICIAN'S DIAGNOSIS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDED TREATMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TREATMENT COSTS:**

	ORIGINAL ESTIMATED COSTS:	DISCOUNTED QUOTES:
Doctor	_____	_____
Hospital	_____	_____
Anesthetist	_____	_____
Other	_____	_____
<b>Total Estimated Costs After Discounts:</b>		<b>\$ _____</b>

**CLUB CERTIFICATION**

**OUR LION/LIONESS CLUB HAS DETERMINED THE FOLLOWING:**

- \_\_\_\_\_ The patient/guardian/parent does not have sufficient financial resources
- \_\_\_\_\_ The patient/guardian/parent is not on public assistance.
- \_\_\_\_\_ The patient/guardian/parent does not have adequate insurance to provide the treatment nor is he/she covered by Medicare or Medicaid.
- \_\_\_\_\_ Our Board of Directors has reviewed the Policies and Guidelines and agrees to abide by them.

**PAYMENT OPTION REQUESTED:**

\_\_\_\_\_ **OPTION A:** A joint venture with the Lions of Wyoming Foundation and our Lion/Lioness Club each paying 50%. The Foundation will make their half of the payment directly to the vendors upon receipt of copies of the bills.

\_\_\_\_\_ **OPTION B:** The costs will be paid by the Lions of Wyoming Foundation, upon receipt of the bills from the providers. Fifty percent will be considered a matching grant and the remaining 50% will be considered an interest free loan that will be paid back to the Foundation in the following manner:

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**SIGNED:** \_\_\_\_\_  
President of Sponsoring Lion/Lioness Club Date

**SIGNED:** \_\_\_\_\_  
Secretary of Sponsoring Lion/Lioness Club Date

**ADDITIONAL INFORMATION OR COMMENTS:**

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Please mail all forms/information to:

**Executive Director  
Lions of Wyoming Foundation  
224 Talon Court  
Cheyenne, WY 82009**

If you have any questions, please call: 307-631-5423  
email: dorr7111@gmail.com