

**LIONS OF ILLINOIS FOUNDATION
SOCIAL SERVICE AND REFERRAL PROGRAM**

PLEASE PRINT

Applicant Information

Today's Date _____

Name _____ Date of Birth _____

Address _____ Apt # _____

City _____, IL Zip _____

Home Phone# _____ Work # _____ Sex _____ Male _____ Female

Assistance Requested:

Eye Exam _____ Eye Glasses _____ Hearing Test _____ Hearing Aid _____

Other (hearing or sight related) _____

***If applicant is under 18, parent or guardian must complete the rest of the application.**

Marital Status: _____ Number of Dependents _____ Ages _____

Are you currently: _____ Working/state occupation _____

Employer Name _____

Address _____

Phone # _____

_____ Disabled/nature of disability _____

_____ Student: _____ Full Time _____ Part Time

***TOTAL MONTHLY INCOME**

Wages or General Assist. \$ _____

Other family income \$ _____

Pension \$ _____

Unemployment \$ _____

Social Security/SSI \$ _____

Food Stamps \$ _____

Other \$ _____

Total \$ _____

***TOTAL MONTHLY EXPENSES**

Rent/Mortgage \$ _____

Utilities \$ _____

Cell phone \$ _____

Medical \$ _____

Clothing \$ _____

Food \$ _____

Other \$ _____

Total \$ _____

Do you have: _____ Medical Insurance, Insurance Co. Name: _____

IF YOU HAVE INSURANCE YOU MUST GET THE MEDICAL CLEARANCE AND AUDIOGRAM (HEARING TEST) BEFORE COMING TO LIONS AND SEND US A COPY. MEDICARE / INSURANCE SHOULD PAY.

Public Aid: _____ Yes _____ No

Can you share in costs: _____ Yes, how much \$ _____ NO _____

The above information is true to the best of my knowledge.

(must be signed by adult requesting assistance.)

**** If you already have a prescription of eyeglasses, medical clearance or audiogram please send a copy with this completed application.**

***** This process takes approximately 12 weeks for assistance.**

***** An incomplete application will not be processed. Income and expenses must be listed. * Zero amounts must be explained on reverse side.**

Please mail to: → Ruth Ann
mueller
601 Glendell Ln.
Waterloo IL 62298