

Request for Financial Assistance Magic City Lions Club



Lions Clubs across the globe have sight, vision, and vision diseases as their primary focus. Requests for funding of sight-related issues are reviewed by the Magic City Lions Club at monthly meetings.

If you are requesting financial assistance from the Magic City Lions Club, please complete this application and mail it to:

Magic City Lions, PO Box 782, Minot, ND 58702 or email magiccitylionsclub@gmail.com

Request Date: _____

Sponsor's Name: _____

Patient Personal Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Patient Financial Information

Employer: _____

Monthly Net Income: \$ _____

Number of dependents in household (including self): _____

Monthly household expenses:

Rent/Mortgage: _____ Utilities: _____ Telephone: _____

Food: _____ Vehicle Payments: _____ Day Care: _____

Other (please explain): _____

Patients Medical Information

Do you have vision insurance?

Yes No

Are you or your family covered under any health insurance or assistance programs, including Medicaid, Medicare and/or Indian Health Services?

Yes No

If yes, which program(s)? _____

Have you previously used the Lions Eyeglass program?

Yes No If yes, when _____

Date of last eye exam? _____

Dr's Name: _____ Location: _____

Did you get glasses at that time? Yes No

Do you presently have eyeglasses? Yes No

What is the reason for this request? _____

*If no reason is given the request will be denied.

To the best of my knowledge all information included in this application is complete, accurate and an honest representation of the facts:

Signature Date

This information will be held confidential and only provided to the Magic City Lions Club and will be used for determining eligibility to receive assistance for eye care. Incomplete applications may not be processed.