

# MILL CREEK LIONS FOUNDATION

## APPLICATION FOR ASSISTANCE



**Return completed forms to:**

Mill Creek Lions Foundation  
 PO Box 12022, Mill Creek, WA 98082  
 or E-Mail Form to:  
[MillCreekAssistance@Lions19B.com](mailto:MillCreekAssistance@Lions19B.com)

**Questions:**

e-mail: [MillCreekAssistance@Lions19B.com](mailto:MillCreekAssistance@Lions19B.com)  
 or call our Lions Club Help Lion at  
 (206) 528-2525 and leave a message.

Applicant's Name:		Date of Birth:	
Address:			
City:		Zip:	
Home Phone:		E-mail:	
Application is for: Self		Other (Specify):	
Name of Parent if Applicant is a minor:			
What are you applying for?			
<input type="checkbox"/>	Eye Exam	<input type="checkbox"/>	Glasses
<input type="checkbox"/>	Hearing Aid	<input type="checkbox"/>	Hearing Exam
<input type="checkbox"/>	Other (Specify):		
<b>Sources of income and Amount:</b>			
		\$	
		\$	
		\$	
Savings Amount:		\$	
<b>Expenses (Monthly) Approximate Amount:</b>			
Rent / Mortgage:		\$	
Utilities		\$	
Car Payment / Insurance:		\$	
Food:		\$	
Other (Specify):		\$	
Health Insurance (Including Medicaid or Medicare):			
Does it cover this procedure?			
Other pertinent information:			
Could you make monthly payments to pay back the Lions Club?			

For Hearing Aid(s) there is a \$50 Co-Pay at time of visit.

Applicant's or Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

<p><b>For Club use only:</b>                  Date application received: _____                  Action taken: _____</p>
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