



*Alliance Lions Club  
Alliance, Nebraska 69301  
"We Serve"*



**APPLICATION FOR INDIVIDUAL ASSISTANCE**

Date: \_\_\_\_\_ Emergency: \_\_\_\_\_ Routine: \_\_\_\_\_

Applicant Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Soc.Sec.#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Total Monthly Income: \_\_\_\_\_

**FOR PARENT OF GUARDIAN OF MINORS**

Father's Name: \_\_\_\_\_ Soc.Sec.#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Total Monthly Income: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Soc.Sec.#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Total Monthly Income: \_\_\_\_\_

HOMEOWNER: YES\_\_\_ NO\_\_\_ MONTHLY PAYMENT/RENT:\$ \_\_\_\_\_

REASONS FOR NEED AND/OR ADDITIONAL COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

I understand that my signature gives my consent for the Lion's Club to verify the above information. If approved, payment will be made directly to the doctor. I further understand that I am responsible to make arrangements with the doctor for the balance of fees for medical services.

APPLICANT'S SIGNATURE \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Explain the disease or injury: \_\_\_\_\_

Treatment recommended by doctor: \_\_\_\_\_

\_\_\_\_\_ Estimated Cost of Treatment \_\_\_\_\_

OPTOMETRIST'S SIGNATURE \_\_\_\_\_

The Alliance Lion's Club requires approval of application before services are performed.

**FOR CLUB USE ONLY:**

**Committee Recommendation:**

Yes\_\_\_\_\_ Amount \$\_\_\_\_\_

No\_\_\_\_\_ Reason\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Chairman:\_\_\_\_\_

Signature of Co-Chairman:\_\_\_\_\_

**Club Approval:**

Yes\_\_\_\_\_ Amount \$\_\_\_\_\_

No\_\_\_\_\_ Reason\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

President's Signature:\_\_\_\_\_

Date of Approval:\_\_\_\_\_ Date Paid:\_\_\_\_\_