



We Serve

STANTON LIONS CLUB

SIGHT AND HEARING COMMITTEE

Application This form is for persons who reside in the city of Stanton California and adjoining county administered areas that need assistance because of low family income and lack of adequate insurance to be helped with funds from the Stanton Lions Club. Assistance is not guaranteed and depends on many factors including, but not limited to, you ability to pay and funds available to the committee.

- I am a resident of Stanton California or an adjoining county administered area.
- I am not a resident of Stanton California and will call (805) 963-6681 to find a club in my home city. (Do not complete this form.)

Name _____ **Age** _____ **Today's Date** _____
Applicant's Name Age Today's Date

I am filling this out for another person.

Name _____ **Phone Number** _____
Print Your Name Print your phone number

Applicant cannot fill out the form because applicant is a minor I have been appointed a custodian/guardian of the person I am a social worker assigned to the applicant applicant is sight impaired or does not have the literacy skills needed to complete this application.

To my knowledge the information below is correct and I have not been compensated or will be compensated for assistants received by applicant.

Name date

Complete if Applicant is Under 18

Parent's Name Parent's Name School

Parent's Occupation(s) Family Annual Income Number of dependents Value of Family Property

ADDRESS _____

STREET

CITY STATE ZIP

Phone Number where applicant can be reached e-mail

IS APPLICANT COVERED FOR VISION CARE BY: MEDICAL UNION PLAN
 Medicare Other Medical Insurance has no medical or Vision Insurance

CARRIER _____ **POLICY #** _____



STANTON LIONS CLUB

SIGHT AND HEARING COMMITTEE

TOTAL MONTHLY INCOME _____ Applicant Occupation _____ \$ _____

Monthly Expenses (approximate amounts)

Rent and Mortgage payment \$ _____

Utilities (Phone, Gas, Water, etc.) \$ _____

Groceries /food \$ _____

Insurance (Auto, Health, Life, Property, etc.) \$ _____

Installment Payments (Indicate date of final payment) \$ _____

Auto (date) _____ \$ _____

YEAR AND MAKE OF CAR _____

Charge Cards /Personal Loans _____ \$ _____

Other Monthly Expenses _____ \$ _____

Please include any unusual and extraordinary expenses on a separate sheet \$ _____

Medical \$ _____

TOTAL MONTHLY EXPENSE \$ _____

REASON(S) FOR REQUESTING ASSISTANCE: _____

RELEASE: I for myself, my heirs, personal representatives, executors, administrators and assigns, and on behalf of the patent if the Applicant is other than myself and I am the responsible party for the Applicant, waive, release and forever discharge the Stanton Lions Club, their officers, directors, agents, representatives, successors and all cooperating entities and individuals from any and all claims, losses, damages, or death, which now exist or may hereafter arise in connection with my and/or the Applicant's participation with or any service rendered through the Stanton Lions Club Sight and Hearing Assistance Program. To the best of my knowledge, I represent and warrant the above information to be correct. RELEASE OF INFORMATION: I authorize any service provider to whom I am referred by Stanton Lions Club and to the Stanton Lions Club to release any information required, including recommended course of treatment, service performed, any recommended follow-up, and law enforcement authorities upon their request.

False statements are fraud grounds for refusal of benefits and possible criminal prosecution.

SIGNATURE OF PARENT (OR APPLICANT IF OF AGE)

REFERRED BY:

NAME _____ TITLE _____

ADDRESS _____

BASIS OF REFERRAL _____

HAS THERE BEEN A PREVIOUS EYE EXAMINATION? ____ WHEN _____

PAID FOR BY LIONS CLUB? ____ CONTACT NUMBER (____)

SEND TO: David Parikh
Ref: Stanton Lions Club
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Anaheim, CA 92804

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