

**NAPLES LIONS CLUB      REQUEST FOR ASSISTANCE FORM**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance:** Name and policy number of any and all health insurance policies:

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**LIST NAMES AND AGES OF EVERYONE IN YOUR HOUSEHOLD**

<b>NAME</b>	<b>AGE</b>	<b>RELATIONSHIP</b>
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**MONTHLY HOUSEHOLD INCOME: \$** \_\_\_\_\_

**MONTHLY HOUSEHOLD EXPENSES \$** \_\_\_\_\_

**ASSISTANCE NEEDED FOR: EYE EXAM** YES \_\_\_ NO \_\_\_ **GLASSES** YES \_\_\_ NO \_\_\_

**EYE SURGERY** YES \_\_\_ NO \_\_\_ **If yes, for what type of Surgery** \_\_\_\_\_

**From which Eye Doctor** \_\_\_\_\_ **Location** \_\_\_\_\_

**APPLICANT MUST READ AND SIGN THIS STATEMENT:** I fully understand that these services are limited to individuals unable to pay for and receive services from any other sources of assistance. In consideration of this assistance, I release and discharge any and all persons or organizations rendering such assistance from any claims I may have arising from services so rendered.

I also understand that my application may be reviewed by Lions Clubs and health professionals. These forms will be kept on file by local Lions and health care professionals. The documents will be kept confidential and not shared with third parties, such as insurance companies. All information on or attached to these forms is true and correct to the best of my knowledge.

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**APPLICANT'S SIGNATURE**

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**WITNESS** (if applicant signs with an "X")

(Parent/Guardian Signature if under 18)