



We Serve

# Application for Service or Support



We Serve

I \_\_\_\_\_ understand that the services being requested are limited to individuals unable to pay for or receive such services from other sources of assistance. If applicant is under the age of 18, a parent or legal guardian must complete and sign this application. Lions Clubs generally hold one business meeting a month. I understand this application may take up to 4 or more weeks for review and/or approval.

I also agree that the following information is current and true and will be kept on file by the Lions and the Center to be used only to determine my eligibility for assistance from a Lions Club or a group of Lions Clubs. These documents will not be shared with any other parties unless directed and authorized by the applicant or the applicants parent or legal guardian.

In consideration for these services, I release and discharge all persons rendering such service from any claims I may have arising from services rendered.

All applicants **MUST** have a valid Social Security number or Green Card to receive consideration.

If you already have a prescription for eyeglasses, medical clearance, or audiogram please attach a copy with this application.

Please print and answer all questions as completely as possible.

Date of application: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SS# \_\_\_\_\_

Parent/s Name/s: \_\_\_\_\_ Parent SS # \_\_\_\_\_

(If applicant is under 18)

Applicants Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other # if above does not apply: \_\_\_\_\_

## REQUESTED ASSISTANCE

Eye Exam \_\_\_\_\_ Eye Glasses \_\_\_\_\_ Hearing Test \_\_\_\_\_ Hearing Aid \_\_\_\_\_ (1 or 2)

Other adaptive or supportive equipment or services: \_\_\_\_\_

Please Explain: \_\_\_\_\_

Do you need this assistance to maintain employment? \_\_\_\_\_

Have you applied for services through the Dept. of Human Services; Division of Rehabilitation services? \_\_\_\_\_ If yes, Counselor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
(If Applicable)  
Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Have you applied for Public Aid? \_\_\_\_\_ If yes, what is your status? \_\_\_\_\_

Do You Have: Medical Insurance? \_\_\_\_\_ Vision Insurance? \_\_\_\_\_ Public Aid? \_\_\_\_\_

Insurance Co. Name/Address/Phone: \_\_\_\_\_

Do you receive: Social Security? \_\_\_\_\_ SSI? \_\_\_\_\_ SSDI? \_\_\_\_\_

Do you have a Green Card: \_\_\_\_\_ (if yes) Code # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Can you or a family member share the cost of service? \_\_\_\_\_ (if yes) How Much? \_\_\_\_\_

*TOTAL MONTHLY INCOME*

Wages of Applicant: \$ \_\_\_\_\_

Wages of Spouse: \$ \_\_\_\_\_

Wages of Parents: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Retirement Pension: \$ \_\_\_\_\_

Child Care Income: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

Investments: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total Income: \$ \_\_\_\_\_

*TOTAL MONTHLY EXPENSE*

Rent/ Mortgage: \$ \_\_\_\_\_

Utilities (Gas Elect,  
Water, sewer, trash) \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Home Phone: \$ \_\_\_\_\_

Cell Phone: \$ \_\_\_\_\_

Cable: \$ \_\_\_\_\_

Medical Pmts: \$ \_\_\_\_\_

Child Care: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Auto Insurance: \$ \_\_\_\_\_

Home Insurance: \$ \_\_\_\_\_

Credit Card Exp. \$ \_\_\_\_\_

Other Exp. \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

All information provided on and attached to this application is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(Parent/Guardian signature if applicant is under 18)

Please mail completed form to:  
EXCHANGE STATE BANK  
ATTN: John Nelson  
126 N Broad Street  
Lanark, IL 61046

Or by email to [john@lanarkbank.com](mailto:john@lanarkbank.com)

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Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_  
Forwarded to Lions Club? \_\_\_\_\_ Date Sent: \_\_\_\_\_  
Date of response to applicant \_\_\_\_\_