

PRESCOTT NOON LIONS CLUB

(FOR RESIDENTS OF PRESCOTT ONLY)

APPLICATION FOR ASSISTANCE

Date: _____ Phone: _____

Name: _____ Age: _____

Address: _____ Zip: _____

Time Lived in Prescott: _____

Describe Your Needs: _____ Eye Care: _____ Ear Care: _____

List monthly obligations: _____

Do you own your home? _____ If no, owners name: _____ Rent\$ _____

Total Family Income: _____ Source of Income: _____

Ages and relationship of Dependents: _____

Number of People in Household: _____

Name of Medical Insurance Co: _____

What portion will they pay? _____

Amount family can help pay: _____ Describe: _____

Do you anticipate being able to repay a portion, if any? _____

List all social and government agencies, which are or have provided assistance to you or your family. (Examples - AHCCCS, SSI, DES, VA, Social Security -etc.)

Referred to Prescott Noon Lions Club by: _____ Phone: _____

Signature of Applicant: _____

Action taken by the Prescott Noon Lions Club "Sight and Hearing Committee"

Date Approved: _____ Disapproved: _____ Reason: _____



Return this form to: Prescott Noon Lions Club
Sight and Hearing Committee
P.O. Box 2215
Prescott, AZ. 86302-2215

You may provide more information or references on the back of this form.