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Request for Financial Assistance

Hearing Assistance Vision Assistance Medical Assistance (other)		
A Revenue Canada Statement of Assessment for both recipient and spouse (or legal guardian if child) and a letter from recipient and case worker (when applicable) should be included with the application.		
For office use only: Approved Not Approved Reason		
Date application received: File number:		
Date club's contribution received: Club Amt. \$:		
Foundation Amt. \$:		
Supporting Lions Club: (if known):		
Club Contact Person: (if known): Ph		
Applicant Name: Date of Birth:/		
Address:		
Mailing address: Postal Code:		
Telephone – Home: Work: Cell:		
Email address:		
Hearing assistance Are you looking for hearing aids? Yes (our hearing partners use refurbished hearing aids)		
No (requiring other assistance) Amount of assistance requested: \$		
Vision assistance Are you looking for glasses? Yes (need to have a prescription less than 1 yr. old)		
No (requiring other assistance) Amount of assistance requested: \$		
Medical assistance Travel Mobility Equipment Modifications Other		
Amount of assistance requested: \$		

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Must Complete:		
Reasons for requesting assistance:		
Have you requested assistance from another o	rganization? Y/N	
Have there been/will there be events to raise fu	inds for you? Y/N	
Employed? Y/N Group Insurance Carrier:	Plan:	
Provincial Health #		
Monthly Expenses:	Monthly Income:	
Food \$	Take home pay: \$	
Rent/Mortgage \$	Family Allowance \$	
Utilities:\$	Workers Compensation: \$	
Vehicle:\$	Employment Insurance: \$	
Other: \$	Other Income: \$	
Total Expenses: \$	Total Income: \$	
Family Assets:		
(Example: RRSP's, Mutual Funds, Term Depo	sits Bonds etc.)	
	,	
# of children in family:	Ages:	
# of dependents (other than children):		
Other important information:		
I verify that the information provided is complet information provided will be kept strictly confide		
Signature of Applicant	Signature of Lions Club President	

*The Foundation is able to provide assistance through the generous donations of community members. On occasion, the Foundation may contact you to share your story through a mutually agreed upon format. \bigcirc Yes \bigcirc No

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