

# LIONS OF MICHIGAN FOUNDATION INDIVIDUAL ASSISTANCE APPLICATION

## Information & Instructions

These instructions have been designed to aid in the completion of the Individual Assistance Application. **Please read the instructions carefully. If a question does not apply, write in "N/A".**

Sponsors should work with a Lions of Michigan Foundation Trustee to complete all information. If the space provided is not adequate, additional pages may be used to answer questions more completely.

Each section of the application, including required signatures, **must be completed** for the application to be considered. A lack of required information will delay action.

### **INSTRUCTIONS**

1. All applicants must be sponsored by a Michigan Lions Club or District. Please provide all contact information for the Lions Club or District representative.
2. Please provide the applicant's complete mailing address and his/her date of birth and social security number.
3. If the applicant is under 18 years-old, please provide the name and daytime telephone number of the applicant's parent or legal guardian.
4. The Lions of Michigan Foundation exists to help improve the quality of life of Michigan residents. Please indicate whether the applicant is a United States citizen.
5. Describe the applicant's medical problem as indicated by the applicant's current care provider or his/her primary care provider. Please include the diagnosis and recommended treatment.
6. Provide the care or service provider's contact information, including a daytime telephone number.
7. Does the applicant have any medical insurance coverage, including Medicaid, Medicare or county sponsored health plans?
8. The Lions of Michigan Foundation provides assistance based on the Medicare reimbursement rate for the recommended medical procedure or equipment. Has the care or service provider agreed to accept the Medicare reimbursement rate or a reduced fee for the services or equipment?
9. The sponsor or the applicant should contact all state and federal government agencies to inquire about assistance, including the Department of Human Services and the Social Security Administration.
10. Most hospitals also have programs for low income people. Please contact all area hospitals to inquire about their programs to assist the uninsured or underinsured.
11. How many people live in the home? How old are they, and what is their relationship to the applicant?
12. Provide the total household income from all sources. Proof of income must be attached to the application, including a Federal 1040 for all applicants required to file income tax returns.
13. What are the total household expenses? List all expenses, if necessary, attach an additional sheet to the application.
14. Indicate all outstanding loans, including the current balances of credit cards.
15. Indicate the current balances of all checking, savings and investment accounts, including IRA's & 401(k)'s.