



SPRINGFIELD NOON LIONS CLUB FOUNDATION (SNLCF) HELP2020 Program Application



The SNLCF only meets once a month for application review, funding is contingent upon budget availability. The SNLCF Secretary may request more information after initial review, all SNLCF Board of Directors application review decisions are final.

PLEASE PRINT (All information must be filled out by applicant, do not leave blank spaces)

Applicant Information Today's Date _____

Applicant's Name (parent/guardian if applicant is underage) _____

Name of person needing assistance _____

Date of Birth _____

Address _____ Apt _____

City _____, IL. Zip _____

Home Phone# _____ Work # _____

Sex(M/F/O) _____

Assistance Requested (check mark accordingly) Eye Exam _____ Eye Glasses _____

Family Information

Marital Status: _____ Number of Dependents _____ Ages _____

Occupation _____

Employer Name _____

Address _____

Phone # _____

Disabled (Y/N) _____ Nature of disability _____

*TOTAL MONTHLY INCOME

Wages or General Assistance \$ _____
Pension \$ _____
Unemployment \$ _____
Social Security/SSI \$ _____
Food Stamps \$ _____
Other \$ _____

TOTAL MONTHLY EXPENSES

Rent/Mortgage \$ _____
Utilities \$ _____
Cell phone \$ _____
Medical \$ _____
Clothing \$ _____
Food \$ _____
Other \$ _____

Total \$ _____

Total \$ _____

Do you have: _____ Medical Insurance, Insurance Co. Name: _____

IF YOU HAVE INSURANCE YOU MUST GO THROUGH YOUR INSURANCE PRIOR TO RECEIVING ASSISTANCE FROM LIONS (or provide insurance rejection documentation).

Medicaid: Yes _____ No _____

The above information is true to the best of my knowledge.

Applicant's Signature _____

Please return to: Springfield Noon Lions, PO Box 5441, Springfield, IL 62705-5441