

**FLORIDA LIONS MULTIPLE DISTRICT 35-R - PINELLAS PARK LIONS FOUNDATION, INC.  
APPLICATION - PLEASE PRINT**

			APPLICANT NO.			
NAME		MEDICARE NO./SOC. SEC. NO.			AGE	
ADDRESS				PHONE NO.		
ARE YOU EMPLOYED? NAME						
DOES APPLICANT OR FAMILY <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> SHARE WITH OTHERS SHARING WITH WHOM?						
NO. IN HOUSEHOLD		AGES IN FAMILY		ADULTS	CHILDREN	
OTHERS IN HOUSEHOLD & RELATIONSHIP						
FATHER/HUSBAND/GUARDIAN'S NAME			MOTHER/WIFE'S NAME			
OCCUPATION			OCCUPATION			
ARE YOU EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF EMPLOYER				
MONTHLY INCOME (4 1/3 WEEKS)		OF APPLICANT	OF OTHERS	MONTHLY EXPENSES (NOT AGENCY STANDARDS)		
FATHER-HUSBAND				PLEASE ITEMIZE ACTUAL MONTHLY EXPENSES & HOW LONG PAYMENTS WILL RUN.	AMOUNT PER MONTH	HOW LONG TO RUN
MOTHER-WIFE						
OTHERS IN HOUSEHOLD				HOUSE PAYMENT (RENT/MORTGAGE)		
UNEMPLOYMENT COMP.				AUTO PAYMENT		
DISABILITY COMP.				YEAR & MAKE		
ALIMONY				FOOD STAMPS TOTAL: _____		
CHILD SUPPORT				UTILITIES		
AID DEPENDENT CHILDREN				CLOTHING		
VETERANS PENSION				DOCTOR & MEDICINE		
RETIREMENT PENSION				INSURANCE PAYMENTS		
SOCIAL SECURITY				FURNITURE & APPLIANCES		
RENTAL INCOME				LOANS		
WELFARE				AUTO EXPENSES		
OTHER:				ALL OTHER EXPENSES		
OTHER:				EXPENSES OF OTHERS		
OTHER:				TOTAL EXPENSES		
TOTAL INCOME						
DO YOU RECEIVE SCHOOL LUNCHES? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU ELIGIBLE FOR MEDICAID? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU RECEIVE FOOD STAMPS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
INTERVIEWED BY		DEPT. OR AGENCY	APPLICATION WAS:			
INTERVIEWED WHERE			<input type="checkbox"/> APPROVED			
PREVIOUS APPLICATION NO.		DATE	<input type="checkbox"/> REJECTED			
<input type="checkbox"/> EXAM <input type="checkbox"/> GLASSES <input type="checkbox"/> OTHER			<input type="checkbox"/> RETURNED FOR MORE INFORMATION			
SERVICES REQUESTED		TYPE OF SERVICE TO BE PERFORMED:				
HOW REFERRED TO LIONS		<input type="checkbox"/> EXAM & REPORT <input type="checkbox"/> EXAM & GLASSES, IF NEEDED				
		<input type="checkbox"/> REFER TO OPHTHALMOLOGIST <input type="checkbox"/> FILL Rx ONLY				
		<input type="checkbox"/> VISUAL TRAINING <input type="checkbox"/> SURGERY				
		<input type="checkbox"/> OTHER				
ADDITIONAL REMARKS FOR COMMITTEE ON REVERSE SIDE			REMARKS BY COMMITTEE			
SIGNATURE OF APPLICANT, PARENT OR GUARDIAN		DATE OF APPLICATION	SIGNATURE OF COMMITTEE		DATE OF ACTION	

ALL APPLICATIONS MUST BE MADE BY PERSONAL INTERVIEW (NO PHONE APPLICATIONS)