



**LIONS CLUB INTAKE SHEET**

Human Needs Board

Application for Assistance

This INTAKE SHEET is for assistance for Lions Clubs to provide accurate information to the Human Needs Board for financial assistance for Applicant. This intake sheet will go **step by step** through the application process and supporting documents you will be required to submit with application.

**Please Note: The Human Needs Board will provide financial assistance of up to \$1,000.00. It is up to the sponsoring Lions Club to provide any additional costs. The Lions club could also ask other Lions Clubs in the District for further assistance with additional cost.**

1. Provide the Application for Assistance to the Applicant.
2. Provide applicant with mailing address or email address on where to send the application once it is completed. Inform the applicant that someone will be contacting them to confirm the application was received and to verify information on the application.
3. **Step 1:** *Mark each line with an X as you verify information*

*Applicant's Personal Information*

\_\_\_\_\_ Make sure all information is filled out.

\_\_\_\_\_ Verify name, mailing address and phone number. If P. O. Box on application, provide physical address as well. \_\_\_\_\_

\_\_\_\_\_ Ask if applicant filled out the application. If not, ask who filled out paperwork, relationship to applicant.

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Permission to speak to this individual: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Step 2:**

*Applicant's Financial Information*

\_\_\_\_\_ Make sure all information is filled out

\_\_\_\_\_ Verify current Monthly Income: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

\_\_\_\_\_ Verify number of individuals currently living in household \_\_\_\_\_

\_\_\_\_\_ Verify all current household expenditures

\_\_\_\_\_ Verify if applicant has current medical insurance

\_\_\_\_\_ Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_ Both Medicaid and Medicare

\_\_\_\_\_ Other type of insurance Name of insurance provider: \_\_\_\_\_

**Step 3:**

*Type of Assistance*

\_\_\_\_\_ Verify type of assistance requesting

Eye Care:

Does applicant need an Eye exam \_\_\_\_\_ Yes \_\_\_\_\_ No

When was date of last eye exam; \_\_\_\_\_

Does applicant need eyeglasses \_\_\_\_\_ Yes \_\_\_\_\_ No

Does applicant have a prescription \_\_\_\_\_ Yes \_\_\_\_\_ No

Hearing:

Does applicant need a hearing test \_\_\_\_\_ Yes \_\_\_\_\_ No  
 When was date of last hearing test \_\_\_\_\_  
 Does applicant need hearing aids \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 Left Ear \_\_\_\_\_ Right Ear \_\_\_\_\_ Both \_\_\_\_\_  
 Does applicant have a prescription \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Has applicant already spoken to hearing aid specialist for fitting or cost \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, name of business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

Diabetes:

Does applicant need assistance with medication \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, name of Pharmacy \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Does applicant need diabetic supplies \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, what type of supplies \_\_\_\_\_  
 Other Diabetic Needs: \_\_\_\_\_

Medical Equipment:

What type of medical equipment \_\_\_\_\_  
 Does applicant already have a medical equipment provider \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Name of business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

Other Assistance not mentioned on application:

\_\_\_\_\_  
 \_\_\_\_\_

**Step 4:**

Documents needed for proof of residency. These documents must be provided along with the application to the Human Needs Board. The application will not be accepted as complete without the following:

The name and address must match the information on the application.

- \_\_\_\_\_ Copy of current Texas Driver’s License or current Texas Identification Card
- \_\_\_\_\_ Copy of current electric bill and current rent or current mortgage statement
- \_\_\_\_\_ Copy of current utility bill and any current household expenditure invoice or statements

**Step 5:** Email or mail the Application for Assistance and the Lions Club Intake Sheet to the Human Needs Board Secretary. Human Needs Board of Directors information can be found in the District Directory at [www.district2a2.org](http://www.district2a2.org).

**Step 6:**

Does applicant meet the Federal Poverty Guidelines \_\_\_\_\_ Yes \_\_\_\_\_ No (See chart below)

**Signatures:**

Lions Club President: \_\_\_\_\_

Lions Club Secretary/Service Chair: \_\_\_\_\_

**FEDERAL POVERTY GUIDELINES**

Household

Size	1	2	3	4	5	6	7	8
100	\$12,060	16,240	20,420	24,600	28,780	32,960	37,140	41,320
133	\$16,040	21,599	27,159	32,718	38,277	43,837	49,396	54,956
150	\$18,090	24,360	30,630	36,900	43,170	49,440	55,710	61,980
200	\$24,120	32,480	40,840	49,200	57,560	65,920	74,280	82,640
250	\$30,150	40,600	51,050	61,500	71,950	82,400	92,850	103,300
300	\$36,180	48,720	61,260	73,800	86,340	98,880	111,420	123,960
400	\$48,240	64,960	81,680	98,400	115,120	131,840	148,560	165,280

For each additional person in the household, add \$4,218 for each to the total annual income to determine the household’s percent of the Federal Poverty Guideline income.

Any adult 19 years of age or over or any child/youth 18 years of age and below who has a total household income that is 150% below the Federal Poverty Guidelines may contact the HNB for help.

**Human Needs Board Use Only:**

Received Request on: \_\_\_\_\_ Approved on: \_\_\_\_\_

Amount Approved: \_\_\_\_\_ Payment sent on: \_\_\_\_\_

Payment sent to: \_\_\_\_\_

Referring Club Contribution: \_\_\_\_\_

Applicant notified on: \_\_\_\_\_

Signature of Human Needs Board Chair: \_\_\_\_\_

Signature of Human Needs Board Secretary & Treasurer: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_