

Human Needs Board

Application for Assistance

	This would be a on			ceed \$1,000.0		families that are
APPLICANT'S PERSONAL						
Applicant Name:		<u> </u>		(First)		
(Last) Physical/Mailing Address:						
Thysical Maning Address.						
City:		S	State:		Zip Code_	
Phone No.:		C	Cell	Work	or Other:	
Date of Birth:	S	bex:	Male	Fema	ale	
Marital Status (circle one):	Single	Ν	Aarried	Divorced	Separated	Widowed
APPLICANT'S FINANCIAL	INFORMATION	V:				
Household Monthly/Annual Income: \$Number living in household:						
Do you have the following In	surance: N	Medicar	e Medi	caid Both	n <u>O</u> th	er
Monthly Household expendit	tures:					
Rent/Mortgage	\$,	Vehicle		\$	
Electric/Water	\$	I	Insurance		\$	
Groceries	\$	Ι	Medical		\$	

TYPE OF ASSISTANCE: Please mark an X for all that apply

Eye/Vision	Eye Exam	Eyeglasses	Date of last Exam:			
Ear/Hearing	Hearing Test	Hearing Aids	Date of last Exam:			
Diabetes	Medication	Supplies	Other:			
Medical Equipment	Type of Equipment:	Type of Equipment:				
Other						
Please provide detailed information on why you need assistance.						

Please provide detailed information on why you need assistance.

A member of the Lions Club will contact you with the request for supporting documents for proof of residency. Submission of copies (originals will not be returned) of TX DL, TX ID and other household bill or invoice with YOUR name and address will be sufficient as proof of residency. Applicant must meet federal poverty guidelines. If approved, the Human Needs Board will remit payment to the business for services and not directly to the applicant or referring club.

I certify that the information provided above is true to the best of my knowledge. By my signature below I am acknowledging that I must provide documents of proof of residency. I am also authorizing a representative from the Lions Club and/or the District 2-A2 Human Needs Board to contact me with any additional information they may need for the submission of my application for assistance.

Signature of Applicant	Print Name	Date
Signature of Lions Club Representative	Club	Date

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.

<u>Please Note:</u> 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, mail	ing address and phone n	umber. If P. O.	Box on application,	, provide physical
address	as well.				
	Ask if applicant fi	lled out the application.	If not, ask who	o filled out paperwor	rk, 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: \$	r	Annual Income: \$ _	
Verify number of individuals currently living			
Verify all current household expenditures	~		
Verify if applicant has current medical insura	ance		
MedicareMedicaid		Medicaid and Medi	icare
Other type of insurance Name of			
]		
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			

Does applicant have a prescription _____ Yes ____ No

Hearing:			
	Does applicant need a hearing testYesNo		
	When was date of last hearing test	_	
	Does applicant need hearing aids YesNo	_	
	Left EarRight EarBoth		
	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 medicationYesNo		
	If yes, name of Pharmacy		
	Address		
	Phone No.		<u>.</u>
	Does applicant need diabetic suppliesYesNo		
	If yes, what type of supplies		
	Other Diabetic Needs:		
Medical Equ	lipment:		
	What type of medical equipment		
	Does applicant already have a medical equipment providerYes	No	
	Name of business:		
	Address:		
	Phone No.:		
Other Assist	ance not mentioned on application:		
G4 4			
Step 4:	and a d for monof of maiden as. These documents must be movided along with	<i>(</i> 1 1'	4:- 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

<u>Copy of current electric bill and current rent or current mortgage statement</u>

<u>Copy of current utility bill and any current household expenditure invoice or statements</u>

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 <u>www.district2a2.org.</u>

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:	