





Lions Diabetes Emergency Relief Fund
APPLICATION

NAME PHONE
ADDRESS D.O.B.
CITY STATE ZIP RENT OWN
EMAIL ADDRESS

Do you have: Health insurance? Yes NO Prescription coverage? Yes NO

List any health insurance or prescription benefits:

Name of Health Plan ID#

Name of Health Plan ID#

Married Divorced Single Widowed

First Names and Ages of Dependants

Physician's Name Who told you about the fund?

Reason for request:

Have you ever received assistance from the Lions Diabetes Fund before? Yes NO

If so, when? (month/year)

Monthly Income:

Employment \$
Unemployment compensation \$
Public Assistance \$
Food Stamps \$
Other household income \$
List ALL other sources (e.g. child support, etc) \$
TOTAL MONTHLY INCOME \$

Monthly Expenses :

Mortgage/Rent \$
Food \$
Utilities (gas, electric, water, sewage, phone, etc) \$
Clothes \$
Public transportation \$
Other (list) \$
TOTAL MONTHLY EXPENSES \$

Yearly Income (from W2) \$

List current diabetes related medications requested:

Table with 3 columns: Medication, Dose, Frequency. Contains 5 empty rows for data entry.

To the best of my ability, I certify that the above facts and figures are true.

Applicant Signature

Date