WOOSTER NOON LIONS CLUB

Application for Lions Club Assistance

Please print clearly. Incomplete applications may delay assistance by one month.

APPLICANT INFORMATION

Name of Applicant

Age

Parent's Name (if applicant is under 18)

Street Address

City

ZIP Code

Phone Number

Applicant Email Address (used to send you a copy of your application)

School District

How long have you lived at your current address?

How long have you lived in Wayne County?

Previous Address (complete only if less than 3 years at current address)

How long did you live at your previous address?

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Medical & Household Information

MEDICAL INFORMATION

Do you presently wear glasses? ☐ Yes ☐ No

If yes, how old is your current prescription?

Has the Lions Club ever helped you before? ☐ Yes ☐ No

If yes, when?

What circumstances should the Lions Club consider (health, employment, or financial situation)?

What type of financial assistance are you requesting? (Check one)

☐ **Eye Exam** ☐ **Glasses** ☐ **Both**

Could you afford to pay for any portion of this expense? ☐ Yes ☐ No

If yes, how much?

HOUSEHOLD INFORMATION

List everyone living in your household

Name	Relationship	Age
Head of Household		
Spouse		
Other		
Other		

Total Household Income (combined monthly income for all household members)

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Household Expenses & Employment

HOUSEHOLD INFORMATION (continued)

Does anyone in your household own real estate? ☐ Yes ☐ No

If yes, estimated value

If renting, landlord's name and phone number

HOUSEHOLD EXPENSES

(do not include amounts paid through assistance programs)

Monthly Rent or Mortgage

Subsidized by Metro Housing? ☐ Yes ☐ No

Gas

Electric

Phone

Water / Trash

Other Expenses

EMPLOYMENT / INCOME

Attach proof of income for all household members over 18

Name of Person Completing Application

Name of Current Employer

Employer Address & Phone Number

How Long Employed

Hourly Rate of Pay

Hours Worked Per Week

Approximate Take-Home Pay Per Week

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Employment History & Certification

If not currently employed, please explain in detail:

PREVIOUS EMPLOYMENT HISTORY

For the last five years — attach additional sheets if needed

From (Mo / Yr)	To (Mo / Yr)	Employer Name and Telephone Number	Reason for Leaving

ASSISTANCE PROGRAMS

Check Yes or No for each program you currently receive

Program	Receiving?		Amount Per Month
Food Stamps (SNAP)	☐ Yes	☐ No	
Unemployment Compensation	☐ Yes	☐ No	
Workers Compensation	☐ Yes	☐ No	
Ohio Works First (OWF)	☐ Yes	☐ No	
Disability Assistance	☐ Yes	☐ No	
Spouse/Child Support	☐ Yes	☐ No	
Veterans Benefits	☐ Yes	☐ No	
Social Security	☐ Yes	☐ No	
Social Security Disability / SSI	☐ Yes	☐ No	
Pension	☐ Yes	☐ No	
Other	☐ Yes	☐ No	

HEALTH INSURANCE

Please indicate whether you are currently eligible for any of the following

Medicaid Card	☐ Yes	☐ No	**CareSource**	☐ Yes	☐ No
Buckeye	☐ Yes	☐ No	**United Health Care**	☐ Yes	☐ No
Private Insurance	☐ Yes	☐ No			

I certify that all information in this application is complete and true.
I authorize the Lions Club to access records necessary to verify this application.

Signature (type your full name, or parent or guardian if under age 18)

Date