

**NORTH CAROLINA LIONS FOUNDATION
MATCHING FUNDS REQUEST**

PAGE 1

A LIONS CLUB APPROVING REQUEST

CLUB _____ DISTRICT _____

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____

IS CLIENT VISUALLY IMPAIRED? YES NO VISUAL ACCUITY IF KNOWN? _____

HAS CLIENT BEEN TO SOCIAL SERVICES FOR ASSISTANCE? YES NO

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE PUBLIC ASSISTANCE IS NOT AVAILABLE.

SIGNED _____ TITLE _____

(CLUB OFFICER SIGNATURE REQUIRED)

B CLIENT INFORMATION

NAME OF APPLICANT _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ H _____ B _____

NAME OF GUARDIAN IF CLIENT IS A MINOR _____

C PURPOSE OF REQUEST

Glasses Eye Exam Glasses and Exam Other (Please explain)

EQUIPMENT OVER \$500 REQUIRES A CERTIFICATION LETTER. (See section 5d of Policy)

D AGENCY OR INDIVIDUAL RECEIVING PAYMENT

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

INVOICE MUST BE ATTACHED

E MATCHING FUND PAYMENT MINIMUM REQUEST \$50 (\$25 CLUB/\$25 NCLF)

LIST CLUB OR CLUBS OFFERING ASSISTANCE TO THIS CLIENT.

_____ AMOUNT _____

_____ AMOUNT _____

MAXIMUM REQUEST: MEDICALLY RELATED SERVICES	\$2,500 (\$1,250 CLUB/\$1,250 NCLF)
OTHER GOODS OR SERVICES	\$1,500 (\$750 CLUB/\$750 NCLF)
HEARING RELATED TREATMENTS	\$ 600 (\$400 CLUB/\$200 NCLF)
EYE EXAM AND GLASSES	\$ 200 (\$100 CLUB/\$100 NCLF)
PROSTHETIC EYE	\$1,200 (\$600 CLUB/\$600 NCLF)

ATTACH CLUB(S) CHECK(S) MADE PAYABLE TO N. C. LIONS FOUNDATION, INC.

IF REQUEST IS \$500 OR MORE (\$250 CLUB/\$250 NCLF) COMPLETE PAGE TWO OF THIS FORM

PAGE 2 MUST BE COMPLETED IF REQUEST IS \$500 OR MORE (\$250 CLUB/\$250 NCLF)

F FAMILY INFORMATION (IF APPLICANT IS A MINOR SHOW INFORMATION FOR PARENTS OR LEGAL GUARDIAN)

CLIENTS EMPLOYER _____ POSITION _____
SPOUSE EMPLOYER _____ POSITION _____

INCOME

CLIENTS GROSS MONTHLY INCOME _____
SPOUSES GROSS MONTHLY INCOME _____
WELFARE ASSISTANCE _____
OTHER SOURCE OF MONTHLY INCOME _____
TOTAL MONTHLY INCOME _____

EXPENSES

	BALANCE	MONTHLY PAYMENT
HOUSE PAYMENT OR RENT	_____	_____
CAR PAYMENT	_____	_____
UTILITIES	_____	_____
OTHER	_____	_____

ASSETS

	VALUE
HOUSE	_____
OTHER REAL ESTATE	_____
CARS	_____
SAVINGS ACCOUNTS	_____
OTHER INVESTMENTS	_____
OTHER	_____
TOTAL	_____

LIMITS ON MATCHING FUNDS:

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MINIMUM REQUESTS\$ 50 (\$25 CLUB/\$25 NCLF)	

G FOUNDATION USE ONLY

APPROVED BY _____ DATE _____