



**Raymond Lions Club**  
**Sight & Hearing**  
(Application for Financial Assistance)

[All information requested on this form must be provided. Your signature on the application gives permission for Raymond Lions Club to verify and obtain personal information to be used solely for purpose of acting on your request.]

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City/Town/Zip code: \_\_\_\_\_

Residence Address if different from mailing: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Residence: Own?  Rent?  Live with Family?

**Current Employer or Last Employer**

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

Address: \_\_\_\_\_ City/Town/Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Income: Employment \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_ (Weekly/Biweekly/Monthly)

Food Stamps \$ \_\_\_\_\_ Medicare \$ \_\_\_\_\_ Medicaid \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_ Retirement benefits \$ \_\_\_\_\_ Other Sources \$ \_\_\_\_\_

Children under age 18 residing with you? Yes  No  How Many \_\_\_\_ Age(s) \_\_\_\_\_

Applying assistance for Sight  Hearing

Is this service for you?  Dependent child?  Child's Name and Birth Date: \_\_\_\_\_

Who is providing the service? Name: \_\_\_\_\_

Address: \_\_\_\_\_

Estimated cost of service: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

It is the intent of the Raymond Lions Club to assist with purchase of basic frames and lenses *OR* *examination*. No cosmetic tints, contact lenses, anti-reflective coatings, PAL's.

Raymond Lions Club  
PO Box 1057  
Raymond, Me 04071

**Office use Only:**

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_