

Patron Trust Fund Request for Assistance Application

The funds are to be used to assist in payment of hospital & surgery bills related to individuals who have been **referred** to KLEF by their local Lions Club

Club Referred By (REQUIRED):

Club Representative (REQUIRED):	
Application will not be processed without referral information listed	above

Name of Applicant		Date of Birth:			
Address	City	State	Zip		
Telephone (Home)	(Business)	E-Mail:			
Do you own your home?	Rent Other				
Are you a Kentucky resident?	Yes No (Please prov	vide a copy of proof of 1	residency.		
Occupation	Place of Employment	ace of Employment			
What type of surgery do you	1 need?				
Do you have any form of me	edical coverage:Yes No) (please include a copy	of both sides of your card)		
If yes, what? Provider	(Group #			
What portion of the surgery	cost does your insurance cover	.?			
	nome: Name, age and relationship				
、 •	of a paycheck, please send 3 mon	ths of recent pay stubs)			
Social Security	Pension or Unemployment –	monthly Other	income – monthly		
Child Support (AFDC)	Social Security	Total	Household Income		
EXPENSES: (monthly of ho	ousehold)				
Household Total Monthly Exp					
(Please attach a complete lis	t of ALL household expenses w	ith any necessary expla	inations)		
Have you applied to any other	r agencies for help with this need	?			
I hereby authorize the Kentuc	ky Lions Eye Foundation to relea	se the above information	n as needed.		
Signature		Date			
Witness		Telephone			
Mail to: Jennifer Spur	ling, 410 Hunt Lane, Morgantow 64 ext. 103 Email: JenniferHun	n, KY 42261			