

**Lions Foundation
of Manitoba and Northwestern Ontario Inc.**

320 Sherbrook Street
Winnipeg, Manitoba R3B 2W6
(204) 772-1899 1-800-552-6820 Fax: (204) 943-6823



Request for Financial Assistance

Please Note: To be considered for assistance, this application must be filled out in full as per the funding assistance requirements which you received as part of this application.

A Revenue Canada Statement of Assessment for both recipient and spouse (or legal guardian if child) and a letter from recipient and case worker (when applicable) should be included with the application.

For office use only:	
Date application received: _____	File number: _____
Date club's contribution received: _____	Receipt # Issued: _____

Supporting Lions Club: _____

Club Contact Person: _____ Ph. _____

Supporting Club's contribution: \$ _____ Attached (Y/N) _____

Applicant Name: _____ Date of Birth: ____/____/____
yyyy mm dd

Address: _____

Mailing address: _____ Postal Code: _____
(if different)

Telephone – Home: _____ Work: _____ Cell: _____

Email address: _____

Amount of assistance requested: \$ _____

Reasons for requesting assistance: _____

Have you requested assistance from another organization? (Y/N) _____

Have there been/will there be events to raise funds for you? (Y/N) _____

How long do you anticipate needed support? _____

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Request for Financial Assistance (part 2)

Provincial Health #: _____ Group Insurance Carrier: _____ Plan: _____

Employer: _____ Unable to work?

Supervisor: _____ Contact phone #: _____

Monthly Expenses:

Monthly Income:

Food \$ _____

Take home pay: \$ _____

Rent/Mortgage \$ _____

Family Allowance \$ _____

Utilities: \$ _____

Workers Compensation: \$ _____

Vehicle: \$ _____

Employment Insurance: \$ _____

Other: \$ _____

Other Income: \$ _____

Total Expenses: \$ _____

Total Income: \$ _____

Family Assets: _____

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(Example: RRSP's, Mutual Funds, Term Deposits, Bonds etc.)

of children in family: _____ Ages: _____

of dependants (other than children): _____

Other important information: _____

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I verify that the information provided is complete and correct to the best of my knowledge.

Signature of Applicant

Signature of Lions Club President

All information provided will be kept strictly confidential.



Lion Club of Manitoba and Northwestern Ontario Inc.

SPECIFIC GUIDELINES for RECIPIENTS

1. Transportation costs, if necessary, for the patient and one support person.
2. Accommodations should be hostel type or moderately priced hotel/motel.
3. A meal allowance, (or purchased for cooking) to a maximum of \$25 per day per person (patient and support person).
4. Necessary ground transportation and parking, not covered by Provincial Health.
5. Costs towards medication over and above those not covered by the current health care system.
6. Other reasonable expenditures necessary for purposes of health and well-being.
7. The Lions office requires original receipts for allowable expenses. Be especially careful to retain receipts while traveling.

