



# LIONS FOUNDATION

of Manitoba & Northwestern Ontario

320 Sherbrook Street  
Winnipeg, Manitoba R3B 2W6  
Phone: 204-784-1650 / 204-772-1899 Toll-free 1-800-552-6820  
Email: [info@lionsfoundation.org](mailto:info@lionsfoundation.org)

## Request for Financial Assistance

☐ Medical Assistance ☐ Vision Assistance ☐ Hearing Assistance

Only one program may be chosen per application.

A CRA Notice of Assessment for both the applicant and their spouse (or legal guardian if the applicant is a minor), a support letter from a doctor, therapist, or social worker, and at least two quotes for the medical equipment or modifications (if applicable) must be included.

For office use only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		Reason _____
Date complete application received: _____	File No. _____	
Date club's contribution received: _____	Club Amt: \$ _____	
		Foundation Amt: \$ _____

Supporting Lions Club (if known): \_\_\_\_\_

Club Contact Person (if known): \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy/ mm/ dd

Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

### Medical Assistance

☐ Medical Travel ☐ Mobility Equipment ☐ Medical Modifications ☐ Other

Amount of assistance requested: \$ \_\_\_\_\_

### Vision Assistance

Are you looking for eyeglasses?

☐ Yes (must provide a prescription within the past 2 years, the cost of the eye exam is not covered)  
☐ No (requiring other assistance)

Amount of assistance requested: \$ \_\_\_\_\_

### Hearing Assistance

Are you looking for hearing aids?

☐ Yes  
☐ No (requiring other assistance)

Amount of assistance requested: \$ \_\_\_\_\_

**Must Complete:**

Reasons for requesting assistance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you requested assistance from another organization? Yes / No

Have there been/will there be events to raise funds for you? Yes / No

Employed: Yes / No

Insurance Coverage: Yes / No

**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: \_\_\_\_\_  
(RRSP's, Mutual Funds, Term Deposits, Bonds, etc.)

# of minors in the family \_\_\_\_\_ Ages \_\_\_\_\_

# of dependents (other than children) \_\_\_\_\_

Other important information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that the information provided is complete and correct to the best of my knowledge. All information provided will be kept strictly confidential.

\_\_\_\_\_  
Signature of the Applicant

Date: \_\_\_\_\_

*The Foundation is able to provide assistance through the generous donations of community members. On occasion, the Foundation may contact you to share your story through a mutually agreed upon format.*

☐ I consent to being contacted for this purpose