



LIONS FOUNDATION

of Manitoba & Northwestern Ontario

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 consent form, a letter of support from a doctor or social worker, and at least two quotes for the medical equipment or modifications (if applicable) must be included.

For office use only:	☐ Approved	☐ Not Approved	Reason _____
Date complete application received: _____			File No. _____
Date club's contribution received: _____			Club Amt: \$ _____
			Foundation Amt: \$ _____

Should your application be approved, the funds must be expended within 6 months of the approval date.

Supporting Lions Club (if known): _____

Club Contact Person (if known): _____

Applicant Name: _____ Date of Birth: ____/____/____

Address: _____

Postal Code: _____

Phone: Home: _____ Cell: _____ Email: _____

Medical Assistance Amount of assistance requested: \$ _____

☐ Medical Travel ☐ Mobility Equipment ☐ Medical Modifications ☐ Other

Vision Assistance Amount of assistance requested: \$ _____

Are you looking for eyeglasses? ☐ Yes (must provide a prescription within 2 years)

☐ No (requiring other assistance)

Hearing Assistance Amount of assistance requested: \$ _____

Are you looking for hearing aids? ☐ Yes

☐ No (requiring other assistance)



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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:

Food \$ _____

Rent/Mortgage \$ _____

Utilities \$ _____

Vehicle \$ _____

Other \$ _____

Total Expenses \$ _____

Family Assets (RRSPs, Mutual Funds, Stocks, Bonds, GICs, etc.): _____

of minors in the family _____

of dependents (other than children) _____

Other important information: _____

Monthly Income:

Take home pay \$ _____

Family Allowance \$ _____

Workers Compensation \$ _____

Employment Insurance \$ _____

Other Income \$ _____

Total Income \$ _____

Ages _____

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

Signature _____

Date: _____

Revised June 2026



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Consent Form

The Lions Foundation of Manitoba and Northwestern Ontario provides financial assistance through the generosity of community donors.

To help demonstrate the impact of this support and inspire continued community involvement, the Foundation may share the stories and photographs of recipients in its reports, on social media, on its website, in printed materials, and through other communications.

If your request is approved, you consent to the Foundation using your story and images in a respectful and positive manner. This includes information you share in your application, any photographs you provide, and publicly available images, including those posted on your public social media profiles.

This consent allows the Foundation to use your story and images for communication, fundraising, outreach, and reporting purposes.

If the recipient is a minor, this form must be signed by a parent or legal guardian.

I, _____, understand and consent to the use of my story and photographs as described above.

Signature: _____

Date: _____