

**NM LIONS EYE FOUNDATION APPLICATION
APPLICANT INFORMATION**

Please print when filling out this application.

First Name: _____ Middle Initial: _____ Last: _____

Address:

Street or PO Box City State Zip Code

Gender: M F Age: _____ Birthdate: _____ Married: Y ___ N ___

Contact Number: _____ Email: _____

Contact Person: _____ Language Preferred: English ___ Spanish ___

Have you submitted a previous application for financial assistance from the New Mexico Lions Eye Foundation?

Yes ___ No ___

If Yes, please explain circumstances:

Type of Request for Equipment/Procedure/Surgery:

I certify that information that I have provided in this application is true and correct to the best of my knowledge. I also understand that if any information provided in this application is false, the result will be denial of assistance.

I also certify that I am a resident living within the MD40 District for 1 year or more. I agree to provide two documents as proof of residency.

NOTICE: PAYMENT FOR FINANCIAL SUPPORT IS A ONE TIME DONATION.

Applicant Signature: _____ Date: _____
(If minor Parent/Guardian)

Financial Information

(Please answer each question, if question does not apply write N/A).

1. Are you currently employed? Yes _____ No _____

If you answered Yes, list your employer information:

Name: _____ Contact #: _____

2. If No income, how are you financially supported?

Explain:

Have you applied or accepted any financial assistance from any other charitable organizations/agencies?

Yes _____ No _____

If Yes, Please provide information:

4. Do you have Medical Insurance? Yes _____ No _____

If Yes, list Provider:

5. Do you have any Secondary Medical Insurance? Yes No

If Yes, list Provider: _____

MONTHLY INCOME:

Net Salary of Applicant \$ _____

Net Salary of Spouse \$ _____

Net Salary of Parent/Guardian \$ _____

Social Security Benefits \$ _____

MONTHLY EXPENSES:

Rent/Mortgage \$ _____

Utilities \$ _____

Car Payment \$ _____

Other \$ _____

TOTAL NET EXPENSE: \$ _____

Please include ANY/ALL supporting documentation:

Current IRS taxes filed _____ Medicare statements _____ Social Security benefits _____

Pay stubs etc. _____

CERTIFICATION BY THE SPONSORING LIONS CLUB

How long have you known the applicant?

Recommendations to the NMLEF about the applicant:

I certify as a Lions Club member in good standing that all of the information provided by this applicant is true to the best of my knowledge and recommend this application for consideration for financial assistance from the NM Lions Eye Foundation.

Signature of Lion Member: _____ **Date :** _____
(Sponsoring Lion)

Sponsoring Lion Contact Information: _____

Sponsoring Lions Club:

**RELEASE OF MEDICAL RECORDS TO THE
NEW MEXICO LIONS EYE FOUNDATION**

I, _____ give permission to release my medical
(Applicant's Full Name)

records from (DATE) _____ to _____ (DATE)
to the New Mexico Lions Eye Foundation.

Send Medical Records to:

**New Mexico Lions Eye Foundation
President/Coordinator
Attn: Melissa Washburn
4120 Old Cavern Hwy
Carlsbad, NM 88220**

Please provide All of the Doctor's clinical notes and Patient Diagnosis

Signature by Doctor **Date** _____

Signature by Applicant to Release Medical Records **Date** _____

NOTE: THIS PAGE MUST BE PRINTED TO HAVE DOCTOR'S SIGNATURE

**NEW MEXICO LIONS EYE FOUNDATION
OFFICIAL AUTHORIZATION**

The Board of Trustees of the New Mexico Lions Eye Foundation has given official authorization for necessary services for Eye Surgery and/or Medical Devices/Equipment for:

(Applicant's full name)

Reimbursements shall be made to entities that provided services such as: Physician's office for professional services, Surgical Facility for out-patient Eye Surgery, Anesthesiology Group, and/or provider for Medically Necessary Devices/Equipment. Each will receive a separate reimbursement if needed to fulfil the financial expenses.

Physician's Fee	\$ _____
Surgical/Medical Equipment Facility Anesthesia Provider	\$ _____
Patient Contribution	-\$ _____
Lions Club Contribution	-\$ _____
Total Difference for Services	\$ _____
Total request for Financial Assistance	\$ _____
AMOUNT APPROVED BY NMLEF	\$ _____

DATE APROVED: _____

Signature: _____ **Date** _____

Signature: _____ **Date** _____

NMLEF President/Coordinator