



Cottonwood Lions Club
 PO Box 516
 Cottonwood, Arizona 86326
Request for Assistance



Date Received: _____ Sight Hearing

Name: _____ Social Security Number: _____

Address: _____ City: _____ Zip Code: _____

AGE of Person requesting Assistance: _____ Phone Number: _____

If Student, provide name of school: _____

Number of Persons in Household: _____ Ages of Persons in Household: _____

Total Household Income: \$ _____ Weekly Monthly Annual

Attach the documentation of all persons in the household that provide support:

(W-2's ACCESS Food Stamps Social Security Disability)

List Extraordinary Expenses or Situations:

What are your eyesight needs? Frames Lenses Exam All of the listed (Check Only One)

Insurance: (AHCCS, Medicare or other Insurance): _____

Referral Agency or person: _____

By signing this Request for Assistance, I verify all the information provided is correct and give permission for the Lions Club to verify this information. *False statements are grounds for refusal of benefits.*

Initial each of the items listed.

_____ I realize that providing false information will waive the right to accept services.

_____ I realize that a co-pay is required to be paid to the Cottonwood Lions Club before any appointments for exams can be set (Not required for K-12 students).

_____ I realize that appointments cancelled or not attended will automatically cancel services without a return of your co pay.

_____ I have attached written documentation of my Verde Valley Residence for the last six months. Landlord written statement would suffice.

_____ I have attached the written documentation of ALL household income.

SIGNATURE: _____ DATE: _____

Services: Accepted Denied