



**EAST TENNESSEE LIONS DISTRICT 12N
SPECIAL SERVICES PROGRAM**



P.O. BOX 444 POWELL, TN 37849

ASSISTANCE APPLICATION COVER SHEET

This form is to be completed by the sponsoring Lions Club
Please review all documents before submitting. Incomplete applications will not be accepted.

Applicant's Name: _____ Date of Birth: _____

Sponsoring Lions Club: _____

Lions Club Contact: Name _____

Street Address _____

City, State, Zip Code _____

Phone (____) ____-____ Cell Phone (____) ____-____

Best time to contact _____ Email _____

Remarks and recommendations concerning this application: _____

Required Treatment: _____

1. Has the club investigated the applicant's need for assistance? _____
2. Has the applicant applied for all available insurance? (Medicare, Medicaid, etc) _____
3. Did the club negotiate fees with the service providers or suppliers? _____
4. Did the provider / supplier agree to accept a reduced fee for the applicant? _____

List reduced fee details (Surgeon, Surgery center, Anesthesiologist, Laboratory, Nursing, etc...)

Total Estimated Cost of Service (reduced fee amount) _____

Amount donated from the sponsoring Lions Club _____

Amount from other source or patient _____

Amount requested from the Special Services Program _____

Date Submitted: _____ Date Approved: _____ Amount Approved: _____

Committee Signatures _____
