



Nebraska Lions Foundation

Request for Individual Assistance Application Assistance Committee Guidelines for Assistance Grants Revised 2016

Individual Cases: Assistance is normally limited to sight, hearing and diabetes related problems, but It can be extended to other medical issues if requested by a local Lions, Lioness or Leos Club. All requests should be for assistance which is beyond the resources of the local club or District. In cases of this nature, the Nebraska Lions Foundation (NLF) provides assistance directly to a provider of care or local club on a funding basis of up to a Maximum of \$1000 on approved requests.

FOR NLF USE

After an applicant approaches the local club with a request for assistance, the club should decide what funding they will be able to provide, and then request additional funding from their district, if needed. If more funding is needed the club may also request assistance from NLF. They should contact the Assistance Committee Chairperson who will supply the required application form or it can be downloaded from www.md38.com The request will be considered by the Assistance Committee at the first meeting held after receiving the request.

Do a thorough investigation of all requests for assistance. Do not promise matching District or NLF funds since approval is not guaranteed. The NLF Assistance Committee will consider all applications. The local club and applicant are encouraged to contact local government or other organizations to provide external assistance.

After all applicable resources and health care providers have been contacted, complete and submit the application. The application will be reviewed for approval based on the following guidelines:

1. The application (on the back side) must be completed, signed & dated.
2. When a case is approved, NLF will match the club and/or the district funds up to a maximum of \$1000. The club will be notified of the application status.
3. A local club may submit as many applications for assistance as they want, but preference for funding the requests will be given to the first approved request for each club each fiscal year. Additional requests may be approved for funding at the discretion of the Assistance Committee.
4. **Only once during the Lions fiscal year will any individual be helped by the NLF Assistance Committee.**
5. It is the responsibility of the local club to verify the financial need.
6. The local club should contact the service provider to request a discount indicating the local club plans to assist the individual and the financial need has been verified. The service provider will normally agree to a discount.
7. Approved applications will be paid directly to the service provider or the requesting club only.

Special Notice: If the procedure is a corneal transplant that involves the Nebraska Lions Eye Bank, the processing fee for the tissue will be waived.

___ **Step One:** Requesting Club _____ Matching Amount Requested: \$ _____
 Club Contact : _____ Phone: _____
 Address: _____ Email: _____
 Name of person receiving aid: _____ Phone Number: _____
 Address: _____
 Personal information: Age: ___ Marital status: _____ Number Dependents & Ages: _____
 Condition requiring assistance **MUST** be Provided: _____

___ **Step Two:** Health Care Provider Information:
 Company Name: _____ Phone: _____
 Doctor's Name: _____ Phone: _____
 Address: _____

___ Step Three:	Total cost of project:	\$ _____
	Discounts received:	- \$ _____
	Local club contribution	- \$ _____
	District contribution	- \$ _____
	Requested NLF funds	- \$ _____
	Remaining obligation	\$ _____

___ **Step Four:** Local club approves request for assistance and issues check to provider for individual assistance:
 Date Approved: _____ Amount Approved: \$ _____

___ **Step Five:** Mail a copy of the check issued by the local club and a district assistance form to the respective District Assistance Chairperson. The Chairperson will review the form for accuracy and submit it to the District Governor for funding. District receives & reviews request for assistance. If approved the District Treasurer will send a check written as requested to the local Lions club.
 Date District Approved: _____ Amount Approved: \$ _____

___ **Step Six:** Local club sends copies of all checks issued by local Club (and District) and the NLF Request for Individual Assistant Application to the current NLF Assistance Chairperson as listed in the Who's Who.

Check to be written to _____ Amount _____

NOTE: The maximum amount NLF will match is \$1000.00

Your effort to follow these guidelines and procedures as approved by the Board of Trustees of the NLF is important and will be appreciated.

The above information provided is accurate to the best of my ability! _____
 Club President Signature

___ **Step Seven:** The NLF Assistance Committee receives and reviews each request in a timely manner. If the NLF Individual Assistant Application is approved by the NLF Assistance Committee, the funds will be issued and forwarded to the local club or directly to the provider. The local club will then be notified.

Date Request Received: _____ Amount Approved: \$ _____ Date Club Notified: _____

Date Matching Funds Sent: _____ Check Written to: _____