



Lions of Illinois Foundation Social Services

We have updated our Certification Process. Please complete the enclosed Certification Form.

We will proceed with your application as soon as this form and complete documentation is received.

Please mail to:

**Lions of Illinois Foundation
700 N. Peace Rd. Suite B
DeKalb, IL 60115
815-756-5633**

Fax: 815-748-9087

LIFoffice@lifnd.org

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Lions of Illinois Foundation Social Servies Program

Certification of Financial Need

This form is used by Lions throughout Illinois to determine the financial need of individual(s) applying for assistance. Information will be kept confidential and used for eligibility determination purposes only.

Section 1: Applicant Information

Applicant Name: _____

Date of Birth: _____

Address: _____

City / State / ZIP: _____

Phone Number: _____

Email Address: _____

List all household members and indicate those household members who are in need of assistance. **Attach additional sheets as necessary.**

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	ASSITANCE <u>Hearing or Vision</u>

Are you Disabled? _____ Nature of Disability? _____

Do you receive Disability Benefits? _____ Total Benefits Received\$ _____

Are you a Veteran? _____ Do you receive benefits? _____

Are you receiving unemployment Benefits? _____ Total Benefits Received\$ _____

Section 2: Employment and Income

List all household members and indicate monthly gross income (before deductions) below. Monthly gross income includes income from employment plus any other additional income, including, but not limited to, child support, alimony, pensions, retirement, Social Security, workers' compensation, unemployment insurance, SSI, etc.

Verification of household income is required and
MUST BE SUBMITTED WITH THIS CERTIFICATION

Acceptable forms of documentation may include, but are not limited to, the applicant or household member's most recent **TAX RETURNS, PAY STUBS, W2-WAGE STATEMENT AND BANK STATEMENTS.**

<u>NAME</u>	<u>NAME OF EMPLOYER AND TYPE OF WORK</u>	<u>MONTHLY GROSS INCOME FROM EMPLOYMENT</u>	<u>TOTAL MONTHLY GROSS INCOME</u>

Please check each box of your Documentation Provided with this Certification

☐

Tax returns

☐

Pay stubs

☐

W-2 wage statements

☐

Bank statements

☐

Unemployment Statements

☐

Disability Statements

Please Provide a copy of your insurance

☐

Medicare Card/Medicaid Card

☐

Other Form of Insurance

☐

I Do NOT have any form of insurance

Section 3: Average Monthly Expenses

Rent / Mortgage: _____

Utilities (electric, gas, water): _____

Transportation: _____

Childcare / Education: _____

Medical Expenses: _____

Food / Household Supplies: _____

Other (specify): _____

Can you Share in Costs? _____ Amount? _____

Section 4: Eligibility Guidelines

Eligibility may be verified based on documentation provided and income relative to federal poverty level. Organization reserves the right to request additional information as needed.

Section 5: Consent for Services Form:

Please fill out and sign the Consent for services form and include it with this certification form.

Section 6: Applicant Certification

I certify that the information provided in this form is true and complete to the best of my knowledge. I understand that any false statements may result in denial of assistance and/or repayment obligations.

Applicant Signature: _____ Date: _____



Lions of Illinois Foundation

Social Services

CONSENT FOR SERVICES

I, _____, understand that if I am selected as a candidate by my local Lions Club, prior to receiving any payment assistance, I must authorize my diagnostic and treating healthcare providers to release certain personally identifiable health care information (PHI) about me to the Lions of Illinois Foundation who will be processing payment for my services and devices on behalf of my local Lions Club.

I also understand that if I fail to authorize such release of my PHI, that payment may be delayed or denied, and services may be delayed. I consent to be contacted by the Lions of Illinois Foundation if there is an issue with my authorization and agree to complete such paperwork as the Lions of Illinois Foundation and/or my healthcare provider may require to give effect to this authorization.

Signature

Date