



CONFIDENTIAL Case # _____

District 33Y Lions
Emergency Sight and Hearing Treatment Foundation (ESH)
C/O PDG Tom Kowal, 23 Overlook Drive, Easthampton, MA 01027
1-413-527-1434

The ESH is a non-profit 501 (c) 3 tax exempt organization founded by the Lions of District 33Y to provide financial assistance to those in need, for treatment of vision and hearing impairments and/or injuries. **Your privacy is important.** The following information will only be used to determine your eligibility, and for recovery of monies paid if it is determined another party has primary liability for these expenses.

Applicant's Name: _____ Tele #: _____ Age _____
Applicant's Address: _____

Is Applicant: Retired _____ Disabled _____ Student _____ Unemployed _____ Employed _____

Patient's Employer: _____ Marital Status _____

If under 18:

Father: _____ Employer: _____

Mother: _____ Employer: _____

Patient's Gross Weekly Income: \$ _____ Total Gross Yearly Income Family (last year): \$ _____

Savings \$ _____ Checking \$ _____ Investments \$ _____ Mortgage/Rent \$ _____ # of Dependents _____

Medical Insurance: _____

Have you applied for free care? Yes _____ No _____

What are you kind of assistance are you seeking and the amount of money needed, if known _____

Is your treatment the result of an accident? Yes ___ No ___ or someone else's fault? Yes ___ No ___

If so, Please provide the details of How, When and Where the accident occurred? _____

Do you intend to file a lawsuit to recover damages or losses? Yes ___ No ___

If your treatment expenses are deemed to be recoverable (through a lawsuit, insurance, or any other source) do you agree to reimburse the District 33Y Emergency Sight and Hearing Treatment Foundation for all reimbursed expenses that we have paid for? Yes ___ No ___

Signature of Applicant: _____ Date: _____

Signature of Insurance Holder/person filing lawsuit: _____ Date: _____

This case was referred by the _____ Club.

For mail votes: Name of Director: _____ Vote: Yes ___ No ___

This case has been reviewed by the ESH Board of Directors, and the following action has been taken:

Date _____ Approved _____ Declined _____ Pended for the following information: _____
