

DROUGHT RELIEF APPEAL

ASSISTANCE APPLICATION FORM

DETAILS OF LIONS CLUB MAKING APPLICATION

CLUB NAME: _____

Club contact (name) _____ Phone No: _____

Club Bank Account: BSB _____ Acct No: _____

DETAILS OF PERSON/S IN NEED

Please note: this information will remain personal and confidential to Lions District 201n1 and will not be released to any other group, organisation or statutory authority without the permission of your Club and the individual detailed below.

QUICK EVALUATION

Please place a cross on this line of your Clubs evaluation of this person/s need

Existing (just) Need help Critical Desperate

Name of Principal person _____ Gender (M/F): _____

Spouse name _____

No children living at home _____ Age bracket: (oldest) _____ (Youngest) _____

Address: _____

Post Code: _____

PERSON/S NEEDS

TABLE FOOD: (Any funds provided must be spent in the recipients local area)

Comments: _____

Anticipated need requirements: \$ _____

TOILETRIES: (Any funds provided must be spent in the recipients local area)

Comments: _____

Anticipated need requirements: \$ _____

CLEANING/HOUSHOLD ITEMS Etc (Any funds provided must be spent in the recipients local area)

Comments: _____

Anticipated need requirements: \$ _____

MEDICAL EXPENSES: (Confirmation by Medical practitioner desirable)

Comments: _____

Anticipated need requirements: \$ _____

VEHICLE - FUEL/SERVICING/PARTS etc (Any funds provided must be spent in the recipients local area)

Comments: _____

Anticipated need requirements: \$ _____

OTHER COSTS: (Outstanding essential accounts, ie electricity etc - documentation sighted by Club? Y / N circle)

Comments: _____

Anticipated need requirements: \$ _____

TOTAL NEED REQUIREMENTS: \$

I have personally reviewed this application and confirm that all details provided are true and reasonable

**IF ADDITIONAL EXPLANATION REQUIRED PLEASE
WRITE ON BACK OF THIS FORM**

Lions Club President

Date

PLEASE FORWARD COMPLETED FORM TO: 146/1 Greenmeadows Drive PORT MACQUARIE NSW 2444