



GALLATIN EMPIRE LIONS FOUNDATION

PO BOX 504 – BOZEMAN, MT 59771-0504

APPLICATION FOR FINANCIAL ASSISTANCE

PLEASE NOTE THAT APPLICANT NEEDS TO LIVE IN THE GALLATIN VALLEY FOR ASSISTANCE FROM THE FOUNDATION.

NAME OF APPLICANT _____

ADDRESS _____

PHONE NUMBER: CELL _____ HOME _____

HOW LONG HAVE YOU LIVED IN THE GALLATIN VALLEY _____

NUMBER IN HOUSEHOLD _____ AGES _____

APPLICANT'S AGE _____ APPLICANT'S SEX _____

APPLICANT'S EMPLOYER _____

SPOUSE'S EMPLOYER _____

*IF APPLICANT IS A MINOR, PLEASE LIST PARENT OR GUARDIAN EMPLOYERS

REFERRED TO THE FOUNDATION BY: _____

PLEASE EXPLAIN WHAT THE FINANCIAL ASSISTANCE IS NEEDED FOR: (GIVE NAMES AND PHONENUMBERS OF DOCTORS OR CLINICS WORKING WITH). USE ADDITIONAL PAPER IF NEEDED.

HAS APPLICANT RECEIVED OTHER ASSISTANCE FROM OTHER ORGANIZATIONS AND IF SO, HOW MUCH?

ESTIMATE TOTAL COST OF REQUEST: _____

HOW MUCH CAN THE APPLICANT PAY?

*APPLICANT WILL PAY THIS AMOUNT DIRECTLY TO THE PROVIDER: _____

HOW MUCH WILL INSURANCE PAY: _____

TOTAL AMOUNT REQUESTING FROM FOUNDATION: _____

MONTHLY INCOME:

TOTAL HOUSEHOLD WAGES: _____

PUBLIC ASSISTANCE (FOOD STAMPS, WELFARE, ADC, ETC): _____

SOCIAL SECURITY: _____

PENSIONS, RETIREMENT: _____

UNEMPLOYMENT, WORKER'S COMP, DISABILITY: _____

RENTS AND ROYALTIES: _____

OTHER INCOME: _____

MONTHLY EXPENSES:

RENT OR MORTGAGE PAYMENT: _____

INSURANCE (AUTO, HOME, HEALTH, LIFE): _____

OTHER LOANS (CREDIT CARDS, CARS, INSTALLMENT): _____

OTHER MONTHLY EXPENSES: _____

ASSETS:

REAL ESTATE: _____

CASH (CHECKING OR SAVINGS ACCOUNTS): _____

STOCKS OR INVESTMENTS: _____

PERSONAL PROPERTY: _____

ACKNOWLEDGEMENT:

I HEARBY CERTIFY THAT ALL INFORMATION STATED ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO GRANT PERMISSION TO THE GALLATIN EMPIRE LIONS FOUNDATION TO INVESTIGATE THE ACCURACY OF THIS REPORT. THE INFORMATION FOUND WILL REMAIN CONFIDENTIAL. THE GALLATIN EMPIRE LIONS FOUNDATION RESERVES THE RIGHT, AND APPLICANT GRANTS THE GALLATIN EMPIRE LIONS FOUNDATION ACCESS TO, ANY SUCH FOLLOW-UP INFORMATION AS MAY BE NECESSARY TO ENSURE COMPLIANCE WITH GALLATIN EMPIRE LIONS FOUNDATION POLICIES, AS WELL AS ADHERENCE TO THE TERMS OF THE APPLICANT’S REQUEST. THIS APPLICATION CONSTITUTES, TO ANY SUCH INDIVIDUALS WHO MAY BE INVOLVED WITH THE APPLICANTS REQUEST, A RELEASE AND A GRANT OF AUTHORITY TO DISCLOSE SUCH INFORMATION AS MAY BE NECESSARY TO OBTAIN INFORMATION CONSISTANT WITH THIS RESERVATION AND GRANT.

- APPLICANT MUST LIVE IN THE GALLATIN VALLEY TO BE CONSIDERED FOR ASSISTANCE.
- APPLICANT UNDERSTANDS THAT THEY ARE REQUIRED TO BE ABLE TO COMMUNICATE WITH THE GALLATIN EMPIRE LIONS FOUNDATION IN ENGLISH OR THEY ARE TO PROVIDE THEIR OWN TRANSLATOR AND INTERPRETER IF NECESSARY.
- APPLICANT MUST HAVE BEEN IN THE AREA FOR 12 MONTHS TO APPLY FOR ASSISTANCE. FOR TIME LESS THAN 12 MONTHS, THERE MUST BE A PROFESSIONAL REFERENCE ATTACHED TO BE CONSIDERED FOR ASSISTANCE. NOTE, MINORS UNDER 18 YEARS OF AGE CAN REQUEST ASSISTANCE WITHOUT LIVING IN THE AREA 12 MONTHS.

SIGNATURE OF APPLICANT OR GUARDIAN _____ **DATE:** _____

FOR INTERNAL FOUNDATION USE ONLY:

DATE APPLICATION RECEIVED: _____ CASE NUMBER: _____

ASSIGNED TO: _____

STATUS OF APPLICATION (APPROVED OR DENIED): _____ DATE: _____

AMOUNT OF ASSISTANCE IF APPROVED: _____
