



**DISTRICT 26-M2**  
**REQUEST FOR ASSISTANCE & SERVICES**

*(Please type or print, all questions must be answered)*

Patients Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_

Evening Telephone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

**(If applicant is under 18 years of age, parent or guardian must complete and sign form.)**

For Minor-Parent/Guardian Name \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

Brief Description of Services Requested:

Is applicant covered by medical insurance? Yes \_\_\_\_ No \_\_\_\_

If yes, supply information below.

Insurance, Name/Address of Company: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed applications and payment to:

**District 26-M2 Lions Assistance & Services Committee**  
**PO Box 440182**  
**Brentwood, MO 63144**