



DISTRICT 26-M2
REQUEST FOR ASSISTANCE & SERVICES

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

Client's Name _____

Address: _____

City _____ State _____ Zip _____

Daytime Telephone: (_____) _____

Evening Telephone: (_____) _____

Date of Birth: _____ Gender _____

(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 application to:

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