



## **PATIENT CARE GRANT APPLICATION**

The Northeast Pennsylvania Lions Service Foundation helps to pay for treatment and equipment for individuals with vision or hearing needs. Funded treatment and equipment include cataract surgery, cornea transplants, vision therapy, special glasses/contacts, speech therapy for children with hearing loss, hearing aids, baby monitors for parents who are deaf, and talking computer software, among others. All requests will be considered. All requests must include a signed HIPAA release form witnessed by the physician's office. *The Northeast Pennsylvania Lions Service Foundation is fully compliant with the HIPAA Standards for Privacy, Electronic Transactions and Security.*

To help ensure a successful application, please keep the following in mind:

- The Patient Care Grant Application should be submitted and approved prior to treatment.
- If you need to identify a medical or equipment provider, the Foundation can provide a list of resources to assist you. Contact us at 484-546-2085 for more information.
- All invoices, not to exceed the total amount of the grant, should be sent to the Foundation. Copies are acceptable.
- By signing the Lions Club Endorsement, the club agrees to abide by all terms of the grant. Further, the club understands that the Northeast Pennsylvania Lions Service Foundation presents this program as charitable aid and that there is no implied or implicit guarantee of the quality of services or equipment associated with the program. The club further acknowledges that the Foundation cannot warrant or certify that the services or products provided meet any particular level of professional or industry standards.

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian (if patient is a minor): \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Parent/Guardian

\_\_\_\_\_  
Date

***Please attach a HIPAA Release Form witnessed by the physician's office at the end of this application.***

***Use additional pages if necessary to answer the following questions:***

**CLUB SPONSORSHIP**

How did the club determine that the grant beneficiary is unable to pay for care through his/her own resources?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why does the club believe this application is worthy of funding?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TREATMENT**

Name of Physician: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Provide a detailed explanation from the physician regarding the treatment or equipment needed as an attachment to this application.

Estimated cost of treatment or equipment (Please include documentation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please include the following attachments at the end of this application:***

- Completed HIPAA form witnessed by physician’s office
- Detailed explanation from the physician regarding the treatment or equipment needed.
- Documentation of costs for treatment/equipment

***Please email*** your completed application to: [grants@nepalsf.org](mailto:grants@nepalsf.org).

***Applications may be mailed*** if necessary. Please note, however, that this may delay the response. Applications may be mailed to:

Grants Committee  
Northeast Pennsylvania Lions Service Foundation  
P.O. Box 415  
Macungie, PA 18062