

# OHIO LIONS FOUNDATION APPLICATION FOR DISASTER RELIEF

Last Name, First, Middle Initial	Age	Relationship

COMPLETED BY APPLICANT) Date and nature of disaster:

Address at time of loss: \_\_\_\_\_  
\_\_\_\_\_

Present address, if different from above: \_\_\_\_\_

Present telephone number: \_\_\_\_\_

Extent of loss: \_\_\_\_\_

Was any portion of the loss covered by insurance?

Medical injury or treatment: \_\_\_\_\_

I attest that the above information is true and correct to the best of my knowledge and belief.

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

Signature of Applicant: \_\_\_\_\_

# APPLICATION FOR DISASTER RELIEF

(PART II TO BE COMPLETED BY ADVISORY COMMITTEE)

Additional information and findings from interview and/or investigation:

The application is approved for the following services:

SERVICES REQUESTED			
Prescription Drugs		Hearing Aids	Blankets
Eye Glasses		Clothing	Sanitation / Cleaning
Dentures		Food	
Medical / Dental		Temporary shelter	

Amount approved: \$ \_\_\_\_\_

Nature of services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Voucher(s) issued:

DISASTER RELIEF ADVISORY COMMITTEE:

By: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

# OHIO LIONS FOUNDATION

## DISASTER RELIEF VOUCHER

VOUCHER NO: \_\_\_\_\_

ISSUED TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

FOR: \_\_\_\_\_

MERCHANT/PROVIDER: \_\_\_\_\_

Please honor this voucher for purchases of the aforementioned items in an amount not to exceed the amount specified. This voucher may NOT be used for the purchase of tobacco products, cigarettes, or alcohol, nor may it be redeemed for cash. Please send your invoice for payment addressed to Disaster Relief Advisory Committee, P.O. Box 47301 Broadview Hts., OH 44147

Thank you for helping us serve our community in this time of need.

DISASTER RELIEF ADVISORY COMMITTEE:

By: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

***NOTE TO MERCHANT / PROVIDER: THIS VOUCHER EXPIRES AND IS VOID  
THIRTY (30) DAYS AFTER DATE OF ISSUE.***