

OHIO LIONS FOUNDATION
APPLICATION FOR DISASTER RELIEF
(PART I TO BE COMPLETED BY APPLICANT)

Date and nature of disaster:

Last Name, First, Middle Initial	Age	Relationship	Social Security No.

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: _____

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

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:

Amount approved: \$ _____

Nature of services: _____

Voucher(s) issued:

Voucher Number	Amount of Voucher	For (Description of Items Covered)

DISASTER RELIEF ADVISORY COMMITTEE:

Date

By: _____
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, c/o

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

DISASTER RELIEF ADVISORY COMMITTEE:

Date Issued

By: _____
Authorized signature

***NOTE TO MERCHANT / PROVIDER: THIS VOUCHER
EXPIRES AND IS VOID FORTY-FIVE (45) DAYS AFTER DATE
OF ISSUE.***