



**PROJECTS FORM**

Case # \_\_\_\_\_ Date Entered: \_\_\_\_\_ Foundation App: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ **(CLIENT INFO)**

Phone: \_\_\_\_\_ Diabetic: Yes \_\_\_\_\_ No \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_ # Dependents \_\_\_\_\_

District: \_\_\_\_\_ Sponsoring Club \_\_\_\_\_

Chairperson Name: \_\_\_\_\_

Address1: \_\_\_\_\_ **(CLUB/CHAIRPERSON INFO)**

City1: \_\_\_\_\_ Zip Code1: \_\_\_\_\_ Phone1: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Address2: \_\_\_\_\_ **(DOCTOR INFO)**

City2: \_\_\_\_\_ State2: \_\_\_\_\_ Zip Code2: \_\_\_\_\_

Phone2: \_\_\_\_\_ Fax2: \_\_\_\_\_

Procedure: \_\_\_\_\_  
 \_\_\_\_\_

**ESTIMATED AMOUNTS**

Surgery: \$ \_\_\_\_\_ Anesth: \$ \_\_\_\_\_ Facility1: \$ \_\_\_\_\_ Misc: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

**FOR FOUNDATION USE ONLY DO NOT FILL IN BELOW**

**APPROVED AMOUNTS**

Surgeon \$ \_\_\_\_\_ Anesth \$ \_\_\_\_\_ Facility: \$ \_\_\_\_\_ Misc: \$ \_\_\_\_\_

Co-Pay: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_ Foundation Funds: \$ \_\_\_\_\_

**ACTUAL AMOUNTS PAID**

Surgeon Paid: \$ \_\_\_\_\_ Surgeon Date: \_\_\_\_\_ Check1 #: \_\_\_\_\_

Anesth Paid: \$ \_\_\_\_\_ Anesth Date: \_\_\_\_\_ Check2 #: \_\_\_\_\_

Facility Paid: \$ \_\_\_\_\_ Facility Date: \_\_\_\_\_ Check3 #: \_\_\_\_\_

Misc Paid: \$ \_\_\_\_\_ Misc. Date: \_\_\_\_\_ Check4 #: \_\_\_\_\_

Total Requested: \$ \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_ Total Saved: \$ \_\_\_\_\_

**Case is active until Date Completed is filled in** Date Completed: \_\_\_\_\_

Club Sight Chairperson Signature: \_\_\_\_\_ District Sight Chair Signature: \_\_\_\_\_