



**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: \_\_\_\_\_