

Lions Affordable Hearing Aid Project Common Application Form for Candidates

Name _____ Birth Date _____

Address _____ Apt. # _____

City _____ State _____ Zip/Postal Code _____

Insurance: Name and Policy Numbers of any/all Health Insurance Policies

List Names and Ages of Every One in Your Household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you wear a hearing aid? Yes No

If Yes, why do you need one? _____

Does the Applicant work? Yes No

If No, why? _____

Employer: _____

Applicant must Read and Sign this Statement:

I fully understand these services are limited to individuals unable to pay for or receive hearing aids from other sources of assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services so rendered. I am aware that a hearing aid billed to me prior to the approval of this application will not be paid for by this service.

I also understand my application may be reviewed by the Lions Club and hearing professionals. These forms will be kept on file by the local Lions, the hearing professional and LCIF. The documents will be kept confidential and not shared with third parties, such as insurance companies.

All information on and attached to this application is true and correct to the best of my knowledge.

Applicant's Signature
(Parent/Guardian Signature if person is under 13)

Witness (If applicant signs with an "X")

Income Qualification Form (Prospective Hearing Aid Users)

Name: _____ **Birth Date:** _____

Address _____ **Apt. #** _____

City _____ **State** _____ **Zip** _____

Monthly Gross Income (Income before taxes / deductions)		Monthly Expenses (Monthly Average)	
Salary of Candidate	\$	Rent/Mortgage	\$
Salary of Spouse	\$	Utilities	\$
Salary of Parent	\$	Food	\$
Social Security Benefits	\$	Phone	\$
Retirement Pension	\$	Medicine	\$
Income from Other Family	\$	Car/Transportation	\$
Food Stamps	\$	Child Care	\$
Investments	\$	Home Insurance	\$
Other Income	\$	List/Charge Cards	\$
	\$		\$
	\$		\$
Total Monthly Income	\$	Total Monthly Expenses	\$

All information on and attached to this application is true and correct to the best of my knowledge.

Applicant Signature
(Parent/Guardian Signature if person is under 13)

Witness (if Applicant Signs With an "X")

To be completed by Lions Club:

Date Approved _____ **Date Bill Received** _____ **Cost** _____

Date Paid _____