



IOWA LIONS HEARING AID BANK

HEARING AID APPLICATION AND FINANCIAL INFORMATION



1. Applicant Information

Name _____ Home Phone _____ Alternate# _____

Address _____

Birth date _____ Guardian (if under 18) _____

Family Members Living with you _____

Employer _____ Position _____

2. check other financial resources / other assistance

____ Title 19 ____ Insurance/ _____ ____ Vocational Administration ____ Medicare

____ Veterans Administration ____ Area Education Agency ____ Family Members

3. Financial Review: **TOTAL HOUSEHOLD INCOME AND EXPENSES** Please provide current copies of your all household bills and income for consideration

Monthly income: Employment _____ Social Security _____ Food Stamps _____ Other _____
Total income _____

Monthly expenses: Household Rent/Pmt _____ Taxes _____ Insurance _____ Total _____
Utilities: Light _____ Heat _____ Water _____ Phone _____ Cable _____ Total _____
Auto: Payment _____ Insurance _____ Fuel _____ Repairs _____ Total _____
Other: Grocery _____ Doctor _____ Dentist _____ Medicine _____
Credit card Debt _____ Health Insurance _____ Other _____ Total _____

Authorization for Release of Information

(Any amount of financial help must be approved by a Committee of the Club and is subject to approval by the Lions Club Board of Directors.)

I, _____, hereby authorize you to furnish your clubs Board of Directors or their designated representatives
(Applicants Name) information relative to my income and expenses as reported on this application.

Applicants Signature _____ Date _____

I am stating that the above information is correct to the best of my knowledge

4. Participation (Lions club representative Check appropriate category) **LIONS Club– Please contact Chris Waring @ 3198271395 or ialionshearingaidbank@gmail.com with any questions you may have regarding procedure.**

____ ACCEPTANCE: In our judgment, this person is financially in need of support for the fitting of hearing aids. I therefore, accept this application as a candidate for Lions hearing aids.

____ DENIAL: In our judgment, this person has adequate financial resources and alternatives for obtaining hearing aids and should not be considered a candidate for Lions hearing aids at this time.

Signature of Lions/Lioness Representative _____ Date _____

Lions Club Contact information: Phone _____ and Email _____

5. COST SHARING AGREEMENT: There may be fees from the audiologist that participates with the Lions program and they vary for each office. You may be charged for the office visit(s) plus the molding or receiver fees. The suggested amount for the ear molds or the receivers is up to \$150 per hearing aid.

6. The above named Lions Club has agreed to the following costs sharing of the fees. The sponsoring Lions club can decide how much ,if any they wish to contribute to this process.

Lions Club share of fees \$ _____ Hearing aid candidate's share of fees \$ _____

**It is suggested that the representative from the Lions call the participating audiologist to find out what the costs of the mold(s) or receivers are so your club is informed before the actual fitting.

**THIS COMPLETED FORM IS TO BE SENT TO THE SPONSORING LIONS/ LIONESS CLUB
NOT TO THE IOWA LIONS HEARING AID BANK**