IOWA LIONS HEARING AID BANK

HEARING AID APPLICATION AND FINANCIAL INFORMATION

1. C	lient 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 19Insurance/Vocational AdministrationMedicare			
	Veterans AdministrationA	Area Education Agency Fa	mily Members	
3.	Financial Review Monthly income: Employment Soc		T (1)	
	Monthly expenses: Household Rent/Pmt T Utilities: Light Heat Auto: Payment Insurance Other: Grocery Doctor		Total Total Total	
	Credit card Debt	Dentist Medicine Health Insurance Other	Total	
I,	Applicants Signature I am stating that the above informatio	Date	orted on this application.	
 Participation (Lions club representative Check appropriate category) <u>ACCEPTANCE</u>: 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 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		
6.	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.			
Lior	ns Club share of fees \$ He	earing aid candidate's share of fees \$_		
	is suggested that the representative from the Lions call t ivers are so your club is informed before the actual fittin		t what the costs of the mold(s) or	
	THIS COMPLETED FORM IS TO BE SE <u>NOT</u> TO THE IOW	ENT TO THE SPONSORING LIONS/ LI /A LIONS HEARING AID BANK	ONESS CLUB	

1/9/2017 updated