LIONS OF VIRGINIA

Application for Hearing Aid Assistance

Date: _____

Applicant's Name: _____

Applicant's Address: _____
(Street or Route) (City or Town) (Zip)

Age: _____DOB _____ Sex: _____ Telephone: (_____)_____

NOTE: If applicant is a minor or a student, the parent or person responsible for him/her must complete the following:

School now attending: _____
Name of Parent or Person making application: _____
Address: _____
(Street or Route) (City or Town) (Zip)
Do you rent your home? _____ If so, amount of rent? $_____
Do you own your home? _____ If so, amount of house payment? $_____
What is your present employment? _____ How long?_____
What was your past employment? _____How long?_____
What is your present income? $_____ Total family income? _____
Number in family who are dependent on the above income? _____
Is family on welfare assistance? _____ If so, what amount? $_____
Do you have Medicaid? _____
Have you ever received assistance from the Lions Club? _____ If so, when and for what reason(s)?_____

Present request for assistance is for: Hearing Aid(s): _____
Surgery: _____
Medical Treatment: _____

Signature of Applicant: _____

Signature of person making application: _____
(Only if applicant is dependent)

CERTIFICATION:

This is to certify that the above case has been fully investigated and it is determined that financial assistance is needed and is not available from any other source.

Name: _____ Health Department or Referral Agency: _____
Address: _____ Phone: _____
_____

Additional Comments: _____
_____

APPLICATION APPROVED: _____FOR: $_____ LIONS CLUB: _____
APPLICATION NOT APPROVED: _____ If not, for what reason(s)?_____