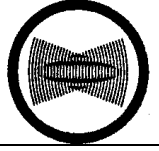




# IOWA LIONS HEARING AID BANK



310 North 4th Street • Marshalltown, Iowa 50158 • Phone 641-752-4337

## HOME VISIT FORM

### I. Client Information:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B \_\_\_\_\_ Date: \_\_\_\_\_

Guardian (if under 17): \_\_\_\_\_ County: \_\_\_\_\_

Family Members: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Insurance: \_\_\_\_\_ Medicare # \_\_\_\_\_

### II. Check alternatives to the Lions Hearing Aid Bank

\_\_\_\_\_ Social Services (Title 19)      \_\_\_\_\_ Insurance      \_\_\_\_\_ Vocational Administration  
\_\_\_\_\_ Veterans Administration      \_\_\_\_\_ Area Education Agency      \_\_\_\_\_ Family Members

### III. Financial Review

A. Personal Assets. (homes, vehicles, valuables, securities)

\_\_\_\_\_  
\_\_\_\_\_

B. Previous year's taxable income (see tax form) \$ \_\_\_\_\_

C. Monthly income: \$ \_\_\_\_\_

D. Monthly expenses: \_\_\_\_\_

E. Net monthly income: \$ \_\_\_\_\_ This is an accurate evaluation of my financial status.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### IV. Participation (Check appropriate category)

\_\_\_\_\_ ACCEPTANCE: In my judgment, this person is financially in need of support for the fitting of hearing aids. I, therefore, accept this applicant as a candidate for Lions hearing aids.

\_\_\_\_\_ LIMITED PARTICIPATION: This person has alternatives for obtaining one hearing aid from another source. However, this individual would need support for a second hearing aid in case binaural hearing aids are recommended. Therefore, this applicant is a candidate for one Lion hearing aid.

\_\_\_\_\_ DENIAL: In my 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 \_\_\_\_\_

### V. COST SHARING AGREEMENT: The Lions club requests that all candidates agree to pay for part of the fees involved in fitting hearing aids from the Lions bank. Maximum fees are \$100 for the fitting of one hearing aid and \$150 for two hearing aids.

Hearing aid candidate's share: \$ \_\_\_\_\_ Lions share: \$ \_\_\_\_\_

*This completed form is to be sent to the sponsoring Lions/Lioness Club, not to the Iowa Lions Hearing Aid Bank.*