



# IOWA LIONS HEARING AID BANK

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## HOME VISIT FORM

### 1. Client Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Alternate# \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

Birthdate \_\_\_\_\_ Gaurdian (if under 18) \_\_\_\_\_

Family Members Living with You \_\_\_\_\_

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

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

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

\_\_\_\_ Social Services (Title 19)      \_\_\_\_ Insurance      \_\_\_\_ Vocational Administration

\_\_\_\_ Veterans Administration      \_\_\_\_ Area Education Agency      \_\_\_\_ Family Members

### 3. Financial Review

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

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

B. Previous year taxable income (see tax form) \$ \_\_\_\_\_ C. Monthly Income \$ \_\_\_\_\_

D. Monthly Expenses \_\_\_\_\_

\_\_\_\_\_

E. Net Monthly Income \$ \_\_\_\_\_ this is an accurate evaluation of my financial status.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

### 4. Participation (Check appropriate category)

\_\_\_\_ ACCEPTANCE: In my judgement, 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.

\_\_\_\_ LIMITED PARTICIPATION: This person has alternatives for obtaining hearing 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 \_\_\_\_\_

5. COST SHARING AGREEMENT: The Lions Club request that all candidates agree to pay for part of the fees involved in fitting hearing aids form 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 Club share \$ \_\_\_\_\_

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