IOWA LIONS HEARING AID BANK

4054 Quail Ridge Road, Center Point, IA 52213 • (515) 304-5590 • Email: iowalionshab@iowalions.org

HEARING AID APPLICATION AND FINANCIAL INFORMATION

1. Applicant Information

Name: _____

Address: _____

Birth Date: _____ Guardian (if under 18) _____

Home Phone: _____ Alternate #: _____

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/Pymt _____ Taxes _____ Insurance _____ Total: _____

Utilities: Electricity _____ 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
(Applicant's Name)

or their designated representatives information relative to my income and expenses as reported on this application.

Applicant's Signature _____ Date _____

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

HEARING AID APPLICATION AND FINANCIAL INFORMATION CONTINUED

4. Participation (Lions Club Representative Check Appropriate Category) ***LIONS CLUB - Please contact Krystal Armstrong (515) 304-5590 or iowalionshab@iowalions.org with any questions you may have regarding the procedure.***

_____ ACCEPTANCE: In our 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.

_____ DENIAL: In our judgement, 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 _____ 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