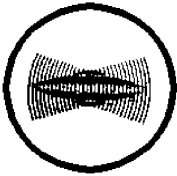


**LIONS OF DISTRICT 35-0 HEARING PROGRAM, INC.**  
**A Florida Hearing and Speech Foundation**



**Return Form To:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**PLEASE TYPE OR PRINT CLEARLY**

**Interview Date:** \_\_\_\_\_

**Lion Club Name:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Client's** \_\_\_\_\_ (If for a Child their Name)

**NAME** \_\_\_\_\_ ( \_\_\_\_\_ ) **Phone** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **M or F** \_\_\_\_\_ **Age** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **VA?** \_\_\_\_\_

**Number of Household Members** \_\_\_\_\_ **Ages** \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

**How long have you lived in Central Florida?** \_\_\_\_\_

**Have you received hearing help from the Lions before?** \_\_\_\_\_ **When?** \_\_\_\_\_

**Current Insurance?** \_\_\_\_\_

**Monthly Household Income    Monthly Household Expenses    Other Monthly Expenses**

<b>Husband:</b> _____	<b>House:</b> _____	<b>Auto Loan:</b> _____
<b>Wife:</b> _____	<b>Utilities:</b> _____	<b>Furniture:</b> _____
<b>Soc. Sec.</b> _____	<b>Phone:</b> _____	<b>Medical Bills:</b> _____
<b>Pensions:</b> _____	<b>Fuel for Auto:</b> _____	<b>Medical Ins:</b> _____
<b>S.S.I. :</b> _____	<b>Food:</b> _____	<b>Home Ins:</b> _____
<b>Food Stamps:</b> _____	<b>Repairs:</b> _____	<b>Medicine:</b> _____
<b>Other Income:</b> _____	<b>Misc.:</b> * _____	<b>Other *</b> _____
	* (Explain on back)	* (Explain on back)
<b>Total Income:</b> _____	<b>Total Household:</b> _____	<b>Total</b> _____

**Tot. Income:** \_\_\_\_\_ **Total of Household & Monthly Expenses:** \_\_\_\_\_

**Signature of Applicant or Head of Household:** \_\_\_\_\_

**Signature of Interviewing Lion:** \_\_\_\_\_

**Interviewing Lion:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name and Address of Family or Friend Not Living In This Household:**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City & State:** \_\_\_\_\_

Please add any additional comments on the back of this application.

**THIS SPACE FOR HEARING BOARD ONLY      Log #** \_\_\_\_\_

**Motion made by:** \_\_\_\_\_ **Card mailed out** \_\_\_\_\_

**Sent to Hearing Center:** \_\_\_\_\_

**The Lions of District 35-O Hearing Program provides new or used hearing aids to qualified applicants. The recipient is responsible for any warranty, repairs and batteries.**

**Information verification will be done by the Hearing Center and may require an additional application and documentation to be approved on an as needed basis. Lions approval does not guarantee free hearing aids. You must qualify for this benefit.**

**I acknowledge that I have exhausted all resources such as the VA or Medicaid in trying to seek hearing help. I hereby certify that to the best of my knowledge the information in this application referring to my financial information and resources, family size, insurance are true and correct. By submitting this application I authorize the Lions Hearing Program to verify this information and I understand that any statement which is found to be false may result in my disqualification from the services offered.**

**Signature of Applicant or Guardian:** \_\_\_\_\_

**Applicant or Guardian Name Printed:** \_\_\_\_\_

**This application should be submitted to your local Lions Club unless you have been told otherwise. The local hearing coordinator should mail the completed form along with the \$25 co-payment to:**

**Lions Hearing  
6 Woodfield Circle  
Homosassa, FL 34446**

**The coordinator may submit by email to [CentralFloridaLionsHearing@gmail.com](mailto:CentralFloridaLionsHearing@gmail.com) with the payment sent to the address above.**