



Finger Lakes Region Lions Hearing Foundation, Inc.
APPLICATION FOR ONE REFURBISHED HEARING AID

PLEASE PRINT OR TYPE



Name _____

Age _____

Street _____

Home Phone (_____) _____

City _____, NY Zip _____

Work Phone (_____) _____

Email _____

Household Information - (Give numbers as on IRS forms)

Number in Household _____ Ages of adults _____ Ages of children _____

Head of Household _____

Spouse _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Medical Insurance Coverage Information – Check the appropriate Box

Are you eligible for Medical assistance? Yes No

Have you applied for Medicaid? Yes No

Do you have health insurance? Yes No

Monthly INCOME (include for all household members)

Wages and tips _____

Social Security _____

Pension _____

Unemployment _____

Disability _____

Alimony _____

Interest Income _____

Other: _____

Total Household Monthly Income: _____

AUTHORIZATION: I hereby authorize the Audiologist or Physician to release any information necessary to process this application and for the purpose of claiming third party insurance coverage, if any. I hereby authorize direct payments to the audiologist, physician or clinic, should there be any third party coverage.

X _____

Signature of Applicant, Parent or Guardian

Date Signed

STATEMENT: I fully understand that Finger Lakes Region Lions Hearing Foundation services are limited to persons unable to pay for, or receive from other sources, this assistance. In consideration for such services, I hereby release and discharge all persons rendering such services from any claims that might arise from any services provided.

X _____

Signature of Applicant, Parent or Guardian

Date Signed

PLEASE PRINT or TYPE

If this application was received from an **audiological firm**, please have the **Audiologist, ENT or the Medical Practitioner** fill out this *section*. If the application was received from a Lions Club or from the Finger Lakes Region Lions Hearing Foundation, Inc., it is not necessary to fill out this portion of the form.

Determination and Recommendation: _____

Business Name: _____

Name of person completing this portion (Please Print) _____ **Date** _____ **Phone number** _____

Lions Club: _____
Lions District: **E-1** **E-2** **Y**
 Interviewed by: _____
 (Please Print)
 Street: _____
 City: _____ Zip _____
 Phone: (____) _____ Date of interview: _____

Signature of Interviewer:

 Remarks: _____

Application Status:
Approved **Declined**
Returned for more info
If not approved, state reason:

DISCLOSURE NOTICE

The undersigned applicant for assistance from the Finger Lakes Region Lions Hearing Foundation understands that the personal information requested by the Foundation is to be used solely by the Foundation for the Foundation’s purposes only. This information is required to permit the Foundation to evaluate the applicant’s financial status to determine if the applicant meets the Foundation’s criteria for providing the requested assistance. This information will not be disseminated to any person not connected with the Foundation without the express written consent of the applicant. Please sign below signifying that you understand the purpose for which your personal information is requested.

X _____
Signature of Applicant, Parent or Guardian Date Signed

IMPORTANT NOTICE

This application must be signed in 3 places:

Sign twice on page 1 and once above after the **DISCLOSURE NOTICE**. **Failing to sign in all places may result in your application being returned or declined.**

Send the completed application to:

**Finger Lakes Region
 Lions Hearing Foundation, Inc.
 Application Processing Center
 P.O. Box 200
 Union Springs, NY 13160**

To request additional information or for assistance in preparing this form, call: 1-315-704-4962