

# The Lions Hearing Conservation Society of NYS

## Affordable Hearing Aid Program

### Order Information

***Please complete the following order information:***

#### **1) Recipient Information:**

Date of order: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Application Enclosed? [ ] Y [ ] N Eligibility Form Enclosed? [ ] Y [ ] N

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#### **2) Shipping Information (Audiologist)**

Audiologist's name: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

New Provider? [ ] Y [ ] N Oticon Provider? [ ] Y [ ] N

**3) Sponsoring Club Information:**

Club Name: \_\_\_\_\_

Club ID #: \_\_\_\_\_ Multiple District: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Club Contact Person: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**4) Ordering Information:**

***Club must include a written notice from an audiologist stating client requires a hearing aid(s), number of hearing aids required for treatment, and must include the recommended Oticon model number.***  
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**5) Payment Details:**

Full payment is due with order. Include check or money order payable to:  
**Lions Hearing Conservation Society**

Mail to: **LHCS, 301 Washington Ave, Albany, NY 12206-3091**

**Signature from Sponsoring Club: X** \_\_\_\_\_  
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**Office Use Only:**

Application received? [ ] Y [ ] N

Eligibility Form received? [ ] Y [ ] N

LHCS approval received? [ ] Y [ ] N

LHCS Tracking Number: \_\_\_\_\_