

## Lions Affordable Hearing Aid Project Application Form for Candidates

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Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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**Insurance:** Name and policy numbers of *any/all* health insurance policies

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### List Names and Ages of Everyone in Your Household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you wear a hearing aid? Yes  No

If yes, why do you need one? \_\_\_\_\_

Is the Applicant employed? Yes  No

If no, why? \_\_\_\_\_

If yes, employer: \_\_\_\_\_

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### Applicant Must Read and Sign This Statement:

I fully understand these services are limited to individuals unable to pay for or receive hearing aids from other sources of assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services so rendered. I am aware that a hearing aid billed to me prior to the approval of this application will not be paid for by this service.

I also understand my application may be reviewed by the Lions Club and hearing professionals. These forms will be kept on file by the local Lions, the hearing care professional and LCIF. The documents will be kept confidential and not shared with third parties, such as insurance companies.

All information on and attached to this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Applicant's Signature**  
(Parent/Guardian Signature if person is under 18)

\_\_\_\_\_  
**Witness**  
(If applicant signs with an "X")