



Lions of Illinois

SOCIAL SERVICE APPLICATION FORM

HEARING AIDS

Applicant Information

Today's Date _____

Name _____ Date of Birth _____

Address _____ Apt # _____

City _____ IL. Zip _____

Home Phone# _____ Work # _____ Sex _____ Male _____ Female

Assistance Requested: Hearing Test (Adults) _____ Hearing Aid (Adults) _____ BOTH _____

Other (hearing related) _____

Marital Status: _____ Number of Dependents _____ Ages _____

Are you currently: _____ Working/state occupation _____

Employer Name _____

Address _____

Phone # _____

Disabled/nature of disability _____

Student: _____ Full Time _____ Part Time

*TOTAL MONTHLY INCOME

Wages *or* General Assist. \$ _____

Other family income \$ _____

Pension \$ _____

Unemployment \$ _____

Social Security/SSI \$ _____

Food Stamps \$ _____

Other \$ _____

Total \$ _____

*TOTAL MONTHLY EXPENSES

Rent/Mortgage \$ _____

Utilities \$ _____

Cell phone \$ _____

Medical \$ _____

Clothing \$ _____

Food \$ _____

Other \$ _____

Total \$ _____

Do you have: _____ Medical Insurance, Insurance Co. Name: _____

IF YOU HAVE INSURANCE YOU MUST OBTAIN MEDICAL CLEARANCE AND AN AUDIOGRAM (HEARING TEST) BEFORE COMING TO LIONS FOR ASSISTANCE. SEND A COPY OF THOSE FORMS WITH YOUR REQUEST.

Public Aid: _____ Yes _____ No

Can you share in costs: _____ Yes, how much \$ _____ NO _____

The above information is true to the best of my knowledge.

(must be signed by adult requesting assistance.)

**** If you already have a prescription of eyeglasses, medical clearance or audiogram please send a copy with this completed application.**

*** This process takes approximately 12 weeks for assistance.

*** **An incomplete application will not be processed. Income and expenses must be listed. * Zero amounts must be explained on reverse side.**

Please return to: LIF 2254 Oakland Dr. Sycamore, IL 60178: Attn: SOCIAL SERVICES
To find your local club: www.lionsclubs.org