



Lions of Illinois Foundation

SOCIAL SERVICES REQUEST FORM

HEARING AIDS

Applicant Information

Today's Date _____
Date of Birth _____

Name _____
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 700 N. Peace Road, Suite B, DeKalb, IL 60115 ATTN: SOCIAL SERVICES
To find your local club: www.lionsclubs.org