



Application Form for Candidates

Name _____ Birth Date _____

Address _____ Apt.# _____

City _____ State _____ Zip _____

Insurance: Name and Policy Numbers of any/all Health Insurance Policies

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

Is the Applicant employed? Yes No

If No, why? _____

Employer: _____

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 may be kept on file by the local Lions, the hearing care professional and the South Dakota Lions Foundation (SDLF). 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 Signature
(Parent/Guardian Signature if person is under 18)

Witness
(If Applicant signs with an "X")



Income & Asset Form for Candidates

Please list monthly income from all sources and individuals living in your household:

Please list all monthly expenses:

Please describe any extenuating circumstances including medical or financial in which you believe you should have extra consideration for approval. (Use an additional paper if necessary)

Please attach 2 months of pay stubs, bank statements from checking or savings accounts and last year's tax returns.

No application will be considered without those documents.

This program is based on income and extenuating circumstances and is at the discretion of the SD Hears committee and may operate on a sliding scale in regards to how much financial assistance we may provide. At times, we may offset the costs to patients, paying only a portion of hearing technology. Other situations may require us to cover all involved costs. You will receive notification of the amount the program is prepared to offer as assistance via a letter or phone call.

To be completed by Lions Club:

Date Approved _____ Date Bill Received _____ Cost _____

Date Paid _____