



Lions Hearing Aid Application

Name Birth Date
Address Apt. #
City State Zip Code
Phone #

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

List Names and ages of everyone in your household

Name	Age	Relationship
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Do you wear a hearing aid?	Yes	No
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If Yes, why do you need one?

Is the applicant employed?	Yes	No
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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 hear aid billed to me prior to the approval of application will not be paid be 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 professionals 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 is under 18)

Witness

(If applicant signs with an "X")