



Severn River Lions Club
Hearing Aid(s) Assistance Request



Today's Date: \_\_\_\_\_

Person Applying: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe or circle the following:

Do you qualify for Medicare? Yes/No Medicaid? Yes/No Social Security? Yes/No
Other insurance? Yes/No If yes, carrier? \_\_\_\_\_

Do you work? Yes/No Monthly income (all sources) \$ \_\_\_\_\_

I can pay: \$25 / \$50 / \$100 / \$0?

Lions Clubs give priority to children, students, seniors, and to those less fortunate having a very limited budget. My situation is: \_\_\_\_\_

Please note other factors such as disabled, homeless, diabetic, hearing aids broken or lost, hearing difficulty and impact, or other mitigating circumstance. \_\_\_\_\_

\_\_\_\_\_ (continue on back)

Have you seen an audiologist? Yes/No

Last prescription date: Month/Year \_\_\_\_\_ Last time you received hearing aids? Month/Year \_\_\_\_\_

Assistance provided by other organizations? Yes/No Org: \_\_\_\_\_

How will you get to the Towson provider's location? \_\_\_\_\_

How did you learn about Lions' hearing assistance? \_\_\_\_\_

Important - Referring person & organization: Name \_\_\_\_\_

Position (nurse, counselor, caseworker, etc.): \_\_\_\_\_

Organization: \_\_\_\_\_ Street Address: \_\_\_\_\_

Suite/Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referring Person Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*APPLICANT SIGNATURE \_\_\_\_\_

Return to:
Lion Bill Zelenakas
1401 Mirable Way
Pasadena, MD 21122

Email: lionbillz@comcast.net
Phone: 410-437-2105

Additional Information may be written on the back of this page

## Hearing Aid(s) Assistance Request Information Cont'd

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