

WISCONSIN LIONS FOUNDATION, INC.
HEARING AID PROGRAM
Application for Financial Assistance for Hearing Aid(s)

Applicant Name: _____ Date of Birth: _____

Parents Names (when applying for a child): _____

Address: _____ Apt. # _____

City: _____ State _____ ZIP _____

Daytime Telephone: () _____ - _____ Cell Number: () _____ - _____

Is the Applicant a **permanent** resident of Wisconsin (**circle one**)? Yes No

How long have you been at your current address? _____

Insurance: Name & policy numbers of any/all health insurance policies: _____

Have you checked if your insurance policy covers hearing aids? (Circle one) Yes No

If you answered yes above, how much will your insurance cover? _____

Have you checked if you qualify for Medicaid? Yes No N/A

Marital Status (circle one): Single Married Widowed Separated

List Names, Ages, and Relationship of **Everyone** in Household: _____

When was the last time your hearing was evaluated? _____

Are you currently working with a hearing professional? (Circle one) Yes No

If yes, please provide following:

Name _____

Address _____

City _____ State _____ ZIP _____ Telephone () _____ - _____

-----**EMPLOYMENT INFORMATION**-----

Parents or Guardians employment information is necessary when applying for a child or dependent

I am currently (circle one): Employed Unemployed Retired Disabled

If employed, please complete the following:

Present Employer: _____

Employer Address: _____

City, State, ZIP _____

Telephone: () _____ - _____ Position: _____

Gross Monthly Income \$ _____ Net Monthly Income \$ _____

If married, your spouse is currently: Employed Unemployed Retired Disabled

If employed, please fill out information pertaining to spouse's employment:

Spouse or Name (If applying for child): _____

Present Employer: _____

City, State, ZIP _____

Telephone: () _____ - _____ Position: _____

Gross Monthly Income \$ _____ Net Monthly Income \$ _____

