



# Lions of Illinois

## SOCIAL SERVICE APPLICATION FORM

### HEARING AIDS

#### Applicant Information

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

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

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, 2254 Oakland Dr., Sycamore, IL 60178: Attn: SOCIAL SERVICES**  
**To find your local club: [www.lionsclubs.org](http://www.lionsclubs.org)**