

**LIONS OF DISTRICT 35-0 HEARING PROGRAM, INC.  
HEARING PROGRAM APPLICATION**



**Return Form To:**  
**(Local Lions Club)**

**Contact Person:**

**PLEASE TYPE OR PRINT CLEARLY**

**Lions Club Name:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**CLIENT'S** \_\_\_\_\_ (If for a Child, their Name)  
**NAME** \_\_\_\_\_ ( \_\_\_\_\_ ) **Phone** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **M or F** \_\_\_\_\_ **Age** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Number of Household Members** \_\_\_\_\_ **Ages** \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

**How long have you lived in Central Florida?** \_\_\_\_\_

**Have you received hearing help from the Lions before?** \_\_\_\_\_ **When?** \_\_\_\_\_

**Current Insurance?** \_\_\_\_\_ **VA?** \_\_\_\_\_

**Monthly Household Income**    **Monthly Household Expenses**    **Other Monthly Expenses**

<b>Husband:</b> _____	<b>House:</b> _____	<b>Auto Loan:</b> _____
<b>Wife:</b> _____	<b>Utilities:</b> _____	<b>Furniture:</b> _____
<b>Social Security</b> _____	<b>Phone:</b> _____	<b>Medical Bills:</b> _____
<b>Pensions:</b> _____	<b>Fuel for Auto:</b> _____	<b>Medical Insurance:</b> _____
<b>S.S.I:</b> _____	<b>Food:</b> _____	<b>Home Insurance:</b> _____
<b>Food Stamps:</b> _____	<b>Repairs:</b> _____	<b>Medicine:</b> _____
<b>Other Income: *</b> _____	<b>Miscellaneous: *</b> _____	<b>Other *</b> _____
<b>*(Explain on back)</b> _____	<b>*(Explain on back)</b> _____	<b>*(Explain on back)</b> _____
<b>Total Income:</b> _____	<b>Total Household:</b> _____	<b>Total Other Exp.:</b> _____

**Interview Date:** \_\_\_\_\_

**Total Income:** \_\_\_\_\_ **Total Expenses:** \_\_\_\_\_ **Difference +/-** \_\_\_\_\_

**Signature of Applicant or Head of Household:** \_\_\_\_\_

**Signature of Interviewing Lion:** \_\_\_\_\_

**Interviewing Lion:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*Name and Address of Family or Friend Not Living in This Household:*

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City & State:** \_\_\_\_\_

**Hearing** \_\_\_\_\_ **Hearing Center** \_\_\_\_\_

**Center:** \_\_\_\_\_ **Contact email:** \_\_\_\_\_

*Please add any additional comments on the back of this application.*

**THIS SPACE FOR HEARING BOARD ONLY**    **Log #** \_\_\_\_\_

**Action/Date:** \_\_\_\_\_ **Notice mailed out:** \_\_\_\_\_

**Sent to Hearing Center:** \_\_\_\_\_

**The Lions of District 35-O Hearing Program provides new or used hearing aids to qualified applicants. The recipient is responsible for any warranty, repairs, and batteries.**

**Information verification will be done by the Hearing Center and may require an additional application and documentation to be approved on an as needed basis. Lions' approval does not guarantee free hearing aids. You must qualify for this benefit.**

**I acknowledge that I have exhausted all resources such as the VA or Medicaid in trying to seek hearing assistance. I hereby certify that to the best of my knowledge the information in this application referring to my financial information and resources, family size, insurance is true and correct. By submitting this application, I authorize the Lions Hearing Program to verify this information and I understand that any statement which is found to be false may result in my disqualification from the services offered.**

**Signature of Applicant or Guardian:** \_\_\_\_\_

**Applicant or Guardian Name Printed:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This application should be submitted to your local Lions Club unless you have been told otherwise. The local Lions Club Hearing Coordinator should mail the completed form along with the \$25 check made out to LIONS OF DISTRICT 35-O HEARING PROGRAM:**

**Lions Hearing Program  
Lion Dennis Dulniak  
1772 Carillon Park Drive  
Oviedo, FL 32765**

