



# NEBRASKA HEARING AID BANKS

## LIONS HEARING AID BANK APPLICATION



### I. Personal Information: (Please Print)

Last Name	First Name	Middle Name or Initial	Gender
Mailing Address		Street Address (if Different than Mailing Address)	
City	State	Zip Code	County
E-Mail Address		Date of Birth	Telephone Number

### II. Income Information:

A.Applicant's Gross Monthly Income (Wages, Social Security, Benefits): \$ \_\_\_\_\_ per month  
 B.Spouse's Gross Monthly Income (Wages, Social Security, Benefits): \$ \_\_\_\_\_ per month  
 C.Other Household Gross Monthly Income (Wages, Social Security, Benefits): \$ \_\_\_\_\_ per month

Please check all sources of income:

- Full or Part-Time Employment
- Welfare Benefits (ADC, Unemployment)
- Veteran's Benefits
- Social Security (SSI, SSDI)
- Alimony, Child Support
- Other: \_\_\_\_\_

D. What health insurance do you carry? \_\_\_\_\_  
 Do you know if you have hearing aid benefits?  NO  YES  
 If yes, what are those benefits? \_\_\_\_\_

E. Are you a Veteran?  NO  YES

### III. Family Information

Live Alone  Live with spouse  
 Live in a Nursing Home  Live with Family Member -- Total # in Household \_\_\_\_\_  
 # of Dependents: \_\_\_\_\_ Please List Ages: \_\_\_\_\_

Do You currently wear hearing aids?  NO  YES  
 Have you applied to Lions before?  NO  YES When? \_\_\_\_\_

I certify that the above information is accurate:

Signature (Typed or Electronic Signature is Accepted)

Date Application Signed

Please mail physical copies to the address below:

Nebraska Hearing Aid Banks  
 156 Barkley Memorial Center  
 Lincoln, NE 68583

Fax or E-Mail Electronic copies:

Email: hearingaidbanks@unl.edu

Phone: (402)472-0043

Fax: (402)472-0363