

NEBRASKA HEARING AID BANKS

LIONS HEARING AID BANK APPLICATION



I. Personal Information: (Please Print)

	Last Name First Nam		e Middle Name or Initial		Gender		
	Mailing Address			Street Address (if Different than Mailing Address)			
	City		State		Zip Code	County	
	E-Mail Address						
	Last 4 Digits of Yo	ur Social Security	#	Date o	f Birth		Telephone Number
П.	Income Informati	ion:					
A.Applicant's Gross Monthly Income (Wages, Social Security, Benefits): \$ B.Spouse's Gross Monthly Income (Wages, Social Security, Benefits): \$ 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. Do You receiE. Are You a Ve	ve Medicaid? teran?	□ NO □ NO		YES YES		
111.	□ Live in a Nursing Home □ Live w			vith spouse vith Family Member ndents:		Total # in Household Please List Ages:	
	Do You currently	wear hearing aids	;?	NO	☐ YES		
	Have you applied to Sertoma before?			NO		n?	
I certif	y that the above in	formation is accu	ırate:				
	Signature (Typed or Electronic Signature is Acce					Date Application Signed	
Please mail physical copies to the address						Fax or E-Mail E	lectronic copies:
belo	w:					🔀 Email: h	earingaidbanks@unl.edu
	 Nebraska Hearing Aid Banks 117 Barkley Memorial Center 					Phone: (402)472-0043
	Lincoln, NE		.01			F ax: (40)	2)472-0363