



NEBRASKA HEARING AID BANKS

SERTOMA 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:

<input type="checkbox"/> Full or Part-Time Employment	<input type="checkbox"/> Social Security (SSI, SSDI)
<input type="checkbox"/> Welfare Benefits (ADC, Unemployment)	<input type="checkbox"/> Alimony, Child Support
<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Other: _____

D. Do You receive Medicaid? NO YES

E. Are You a Veteran? NO YES

III. Family Information

<input type="checkbox"/> Live Alone	<input type="checkbox"/> Live with spouse	
<input type="checkbox"/> Live in a Nursing Home	<input type="checkbox"/> Live with Family Member --	Total # in Household _____
	# of Dependents: _____	Please List Ages: _____

Do You currently wear hearing aids? NO YES

Have you applied to Sertoma 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