



Nebraska Commission for the Deaf and Hard of Hearing
Sertoma Hearing Aid Bank Application



I. Personal Information:

Last Name First Name Middle Name Male or Female

Mailing Address

City State Zip Code County

E-Mail Address

Last 4 digits of your Social Security # Date of Birth Telephone Number

II. Income Information:

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

- B. Please check your source of income:
Full or Part-Time employment
Welfare Benefits (ADC, unemployment)
Veteran's Benefits
Social Security (SSI, SSDI)
Alimony, Child Support
Other:

C. Do you receive Medicaid? Yes No

D. Are you a Veteran? Yes No

III. Family Information

- Live Alone
Live with husband / wife
Live with family member
of Dependents - Please list ages:
Live in a nursing home

Do you currently wear hearing aids? Yes No

Have you applied to Sertoma before? Yes No If Yes - When?

I certify that the above information is accurate:

Signature

Date Application Signed

Please return this form including the Citizenship Attestation Form to:

Nebraska Commission for the Deaf and Hard of Hearing (NCDHH)
4600 Valley Road Ste 420
Lincoln NE 68510

Toll Free - 1-800-545-6244
Fax - (402) 328-6291
E-Mail - ncdhh@nebraska.gov

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

(first, middle, last)

SIGNATURE

DATE
