



NEBRASKA HEARING AID BANKS
SERTOMA HEARING AID BANK
APPLICATION



I. Personal Information: (Please Print)

Form fields for Personal Information: 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:

Income information fields: 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:

Checkboxes for income sources: Full or Part-Time Employment Welfare, Social Security (SSI, SSDI), Benefits (ADC, Unemployment), Alimony, Child Support, Veteran's Benefits, 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

Family information checkboxes: 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 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