



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


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
117 Barkley Memorial Center
Lincoln, NE 68583

Fax or E-Mail Electronic copies:

 Email: hearingaidbanks@unl.edu

 Phone: (402)472-0043

 Fax: (402)472-0363