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:

- ☐ Full or Part-Time Employment
- ☐ Welfare Benefits (ADC, Unemployment)
- ☐ Veteran's Benefits
- ☐ Social Security (SSI, SSDI)
- ☐ Alimony, Child Support
- ☐ Other: _____

D. Do You receive Medicaid? ☐ NO ☐ YES

E. Are You a Veteran? ☐ NO ☐ YES

III. Family Information

- ☐ Live Alone
- ☐ Live in a Nursing Home
- ☐ Live with spouse
- ☐ 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