

LIONS INTERNATIONAL DISTRICT 14-H
HEARING PROGRAM APPLICATION



ALL PARTICIPANTS MUST BE SPONSORED BY A LION, LIONESS OR LEO CLUB.

THERE IS A \$50.00 APPLICATION FEE SUBMITTED WITH EACH APPLICATION.

RETURN COMPLETED APPLICATION AND DOCUMENTATION

TO YOUR LOCAL LIONS, LIONESS OR LEO CLUB

DATE: _____

APPLICANT'S NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

MARITAL STATUS: SINGLE _____ MARRIED _____

NUMBER OF DEPENDENTS: _____ YEARLY INCOME: \$ _____

GUIDELINES: IN ORDER TO PARTICIPATE IN THE PROGRAM MAXIMUM ANNUAL INCOME CAN NOT EXCEED THE FOLLOWING: SINGLE PERSON UP TO \$19,000.00 OR HOUSEHOLD UP TO \$25,000.00

(Maximum income can increase due to size of family)

LIONS CAN PARTICIPATE AS LONG AS THEY FIT INTO THESE GUIDELINES AND ALSO HAVE ONE YEAR AND ONE DAY OF MEMBERSHIP AND ARE APPROVED BY THE SPONSORING CLUB.

LAST TWO YEARS W-2'S OR 1099'S FOR ALL MEMBERS OF HOUSEHOLD MUST ACCOMPANY APPLICATION.

LIST ALL INSURANCES AVAILABLE FOR USE:

REFERRAL SOURCE:

DOCTOR _____ AGENCY _____

SPONSORING CLUB _____

APPLICATION APPROVED BY: _____ CLUB: _____

QUESTIONS? CALL APPLICATION CHAIR: KAREN COKELY PHONE: 570-587-5071
2205 CHERRY HILL RD, CLARKS SUMMIT, PA 18411

ALL INFORMATION TO BE COMPLETED BY THE HEARING COMMITTEE

FILE NUMBER: _____

DETERMINATION OF COMMITTEE: _____

NAME OF AUDIOLOGIST TO BE SENT TO: _____

PHONE NUMBER _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HEARING AID APPOINTMENT: DATE: _____ TIME: _____

DATE FILE COMPLETED: _____