

**LIONS INTERNATIONAL DISTRICT 14-H**  
**HEARING PROGRAM APPLICATION**



**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 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:** \$ \_\_\_\_\_

**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: \_\_\_\_\_