



**CENTRAL VIRGINIA LIONS HEARING AID BANK**  
 10286 Staples Mill Road #131 Glen Allen, Virginia 23060  
 (804) 248-9938 [LionsHAB24B@aol.com](mailto:LionsHAB24B@aol.com) [www.lionshabva.org](http://www.lionshabva.org)



**APPLICATION FOR ASSISTANCE**

**INSTRUCTIONS :** This is a three section form . The first section requests information on the applicant/verification of need and should be completed by the applicant. The second section determines hearing loss and the gain to be provided by the hearing aid and must be completed and signed by an Audiologist or a Hearing Aid Specialist. Section three must be completed by an ENT or your primary physician. If you have already had your hearing test, take this to the provider who performed your test.

**SECTION I: APPLICANT INFORMATION / VERIFICATION OF NEED FOR ASSISTANCE**

Applicant Name : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Is Applicant Head of Household? ( ) Yes ( ) No Number of persons in Household: \_\_\_\_\_

If Not, Name of Head of Household: \_\_\_\_\_ S.S.# \_\_\_\_\_

**\*\*Do not leave the following line blank or use zero. consider all forms of income (rent subsidy: SNAP: child support: etc. / Failure to show household income will be an automatic rejection of the application.**

Household Annual Gross Income: \_\_\_\_\_ Source of Income \_\_\_\_\_

Insurance/ Medicare/ Medicaid Coverage? [ ] Yes [ ] No Name and Location of Insurance Company: \_\_\_\_\_

Policy Number or I.D. Number: \_\_\_\_\_

What other funding sources have been explored? \_\_\_\_\_

I, the undersigned, am requesting charitable assistance from the Central Virginia Lions Hearing Aid Bank. I understand that the financial information I provide will be used to determine my eligibility to receive assistance. I understand that the Foundation has the sole discretion in approving or disapproving my application for assistance. If my request is approved, I will accept and comply with the policies, procedures and instructions concerning scheduling and obtaining the services provided. The applicant will be responsible for a co-pay of \$50.00 to be paid to the fitting provider at the time of fitting of the instrument. The Lions will not replace lost or damaged instruments. Consult your provider on insurance coverage.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person filling out this form if not applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_ Tel: \_\_\_\_\_