

Bellingham Central Lions Club



Hearing Program

Date _____

APPLICANT: (please print)

Name: Last _____ First _____ MI _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Male _____ Female _____ Date of Birth ____/____/____ Age _____

Marital Status; Single _____ Married _____ Widowed _____ Divorced _____

Are you a Veteran? Yes _____ No _____ IF YES- do you receive a pension? Y N

Benefits? Yes _____ No _____

SPOUSE:

Name: Last _____ First _____ MI _____

Are you in the same household? Yes _____ No _____

Phone: _____ Cell _____

FINANCIAL INFORMATION:

Total number of people in household including you _____

Household Monthly Income:

Salary \$ _____
Retirement \$ _____
Social Security \$ _____
SSI \$ _____
DSHS \$ _____
Food stamps \$ _____

Household Monthly Expenses

Rent/Mortgage \$ _____
Utilities \$ _____
Insurance \$ _____
Phone \$ _____
Transportation \$ _____
Other \$ _____

Bellingham Central Lions Club Hearing Program

TOTAL INCOME \$ _____ TOTAL EXPENSES \$ _____

Person Assisting You: _____

ORGANIZATION _____ PHONE _____

I HAVE INCLUDED **PROOF OF INCOME.**

I AGREE TO PAY A **CO-PAY OF \$50.00** TO MY HEARING PROVIDER UPON THE FIRST VISIT.

Everything I have said is true and I give my consent to the Lions Hearing Coordinator to speak to anyone involved in my care to assist me in receiving my hearing aids.

Signature _____ Date _____

Printed Name: _____

Please mail to: Bellingham Central Lions Club
Hearing Program
P.O. Box 602
Bellingham, WA 98227

For questions contact: Marcia DeLorme,

Bellingham Central Lions Club - Hearing Program
360-319-6446 or marcia.delorme@gmail.com

“We Serve”