

**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 \$15,000.00 OR HOUSEHOLD UP TO \$20,000.00**

(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: MRS. Irene Masco PHONE: 570-383-3258

**ALL INFORMATION TO BE COMPLETED BY THE SIGHT FIRST 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: \_\_\_\_\_