

**LIONS HEARING CONSERVATION**  
**Application for Hearing Examination and Hearing Aid**

APPLICANT'S NAME \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

PHONE(home) \_\_\_\_\_ WORK or CELL \_\_\_\_\_ Social Security# \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

IF APPLICANT IS A MINOR, Parent's Name & Phone Number \_\_\_\_\_

SEX: MALE / FEMALE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

NUMBER OF FAMILY MEMBERS LIVING WITH YOU \_\_\_\_\_

ENTER THE FOLLOWING TYPES OF INCOME AND LIST AMOUNTS RECEIVED MONTHLY

SSI \$ \_\_\_\_\_ ADC \$ \_\_\_\_\_ SSD \$ \_\_\_\_\_ WELFARE \$ \_\_\_\_\_

GENERAL RELIEF \$ \_\_\_\_\_ PUBLIC ASSISTANCE \$ \_\_\_\_\_

FOOD STAMPS \$ \_\_\_\_\_ OTHER INCOME \$ \_\_\_\_\_ MEDICAID \$ \_\_\_\_\_

EMPLOYMENT INCOME(you & spouse) \$ \_\_\_\_\_ TOTAL MONTHLY INCOME \$ \_\_\_\_\_

DO YOU OWN YOUR HOME ? YES / NO \_\_\_\_\_ MONTHLY RENT YOU PAY \$ \_\_\_\_\_

Have you ever received assistance from a Lion's Club and if so when? \_\_\_\_\_

HEARING PROBLEM (describe) \_\_\_\_\_

Who referred you for assistance? \_\_\_\_\_

(What Lion's Club & name of Lion's Club Member)

**Patients are responsible for paying for the hearing test!**

I hereby release the District 24-E Lions Hearing Conservation Committee to share the above information with those with a need to know to process this application and perform exams, etc.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF LION SCREENER \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

**PDG Robert Foutz**  
**3925 Bore Auger Rd**  
**Blue Ridge, VA 24064**