



Date Returned:
(Office Use)

**CONNECTICUT LIONS DISTRICT 23-A
HEARING AID BANK
APPLICATION FOR LIONS CLUB HEARING AID ASSISTANCE**

Confidential Information

Sponsoring Lions Club: _____ Date: _____

Contact Person: _____ Telephone: _____

It is important to provide the information requested as completely as possible and in a timely manner.

*Recipient's Name: _____ ** Child Adult (check)

Name (If different from recipient): _____ Relationship: _____

Address: _____

Street

Town/City

Zip Code

Telephone: _____ Date of Birth: _____

* Person needing hearing aid **Child's school and grade: _____

Application cannot be processed without the following information:

Name of Audiologist: _____ Phone: _____

Date of Last Hearing Test: _____

Include a copy of the audiologist's Audiogram with this application.

Has applicant used hearing aids before? ___yes ___no

Name of medical doctor: _____ Phone: _____

Address: _____

**RETURN THIS FORM TO: MARIANNE RUSSO ARRIGONE
1459 DUNBAR HILL RD**

**HAMDEN, CT 06514
MARIANNE.ARRIGONE@YALE.EDU**

FINANCIAL INFORMATION

Employer: _____ Gross Pay Per Week: \$ _____

Family's total annual income: \$ _____

Do you have health insurance coverage? Yes No

Insurance Company/HMO/Medicare or Other: _____

Are hearing aids covered? Yes No

Spouse's Name: _____ Work Phone: _____

Address (if different from above): _____

Employer: _____ Gross pay per week: \$ _____

List other family members in the home (name, age and relationship to recipient)

Have you applied for Title XIX (Medicaid) coverage through the Connecticut, Department of Income Maintenance? Yes No

If you applied for Title XIX, are you eligible for assistance? Yes No

List major monthly expenses, amounts owed (medical, tuition, rent, mortgage, auto, etc.)

Recipient's donation towards hearing aid(s) is \$50.00

Donation family members can make towards hearing aid(s): \$ _____

Lions Club share of hearing aid(s) cost \$ _____

Include any other information that would be helpful in determining eligibility for assistance:

Signature: _____

Date: _____