

# 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 \$ \_\_\_\_\_

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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 \_\_\_\_\_

Print Name \_\_\_\_\_

BELLINGHAM CENTRAL LIONS CLUB  
HEARING PROGRAM  
P.O. BOX 602  
BELLINGHAM WA. 98227

For question contact Erika Buses 360-739-6104  
Or Email [dancantrell1@yahoo.com](mailto:dancantrell1@yahoo.com)

***"We Serve"***