



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? _____

Phone: _____ Cell _____

FINANCIAL INFORMATION:

Total number of people in household including you _____

Household Monthly Income:

Household Monthly Expenses

Salary \$ _____

Rent/Mortgage \$ _____

Retirement \$ _____

Utilities \$ _____

Social Security \$ _____

Insurance \$ _____

SSI \$ _____

Phone \$ _____

DSHS \$ _____

Transportation \$ _____

Food stamps \$ _____

Other \$ _____

TOTAL INCOME \$ _____ TOTAL EXPENSES \$ _____

Bellingham Central Lions Club Hearing Program

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 aides.

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”

Bellingham Central Lions Club Hearing Program