APPLICATION FOR HEARING AID ASSISTANCE

(Must Be A Lincoln County, Tn Resident)

Instructions:

- Complete & Sign Form
- Mail to the address on the right or turn in at Fayetteville Municipal Bldg.
- Wait for a Lion member to call

Fayetteville Lions Club
Attention: Hearing Assistance Chair
P. O. Box 217
Fayetteville, TN 37334

PATIENT INFORMATION:

Name _____ Date of Birth _____ Age _____ Sex: M☐ F☐

Address _____ City _____ Zip Code _____

Phone #* (_____)_____ Cell☐ Home☐ **WE MUST BE ABLE TO REACH YOU BY PHONE***

Hearing Problem _____ How Problem Detected _____

Date Last Hearing Exam _____ Date Last Assistance From Lions** _____ Never ☐

If Patient Is A Student, Name Of School _____

IF PATIENT IS AGE 19 OR OLDER, PLEASE COMPLETE THIS SECTION

Marital Status _____ Number of Dependents _____ Occupation _____

Employer _____ Address _____ Phone # (_____)_____

Name Of Spouse _____ Address_____

Spouse's Employer _____ Address _____Phone # (_____)_____

IF PATIENT IS AGE 18 OR YOUNGER, PLEASE COMPLETE THIS SECTION

Father's Name _____ Occupation _____

Father's Address _____ Phone # (_____)_____ Email: _____

Employer _____ Address _____ Phone # (_____)_____

Mother's Name _____ Occupation _____

Mother's Address _____ Phone # (_____)_____ Email: _____

Employer _____ Address _____ Phone # (_____)_____

* If we cannot reach you by phone, we cannot schedule an appointment.
** Only extreme cases will be approved if prior assistance was given within the last two years.

INCOME: (ENTER THE COMBINED MONTHLY INCOME FROM ALL SOURCES - THE APPLICANT'S AS WELL AS ALL PERSONS HAVING RESPONSIBILITY FOR THE APPLICANT)

Total # Members In This Household _____ Income Received: Weekly ☐ Biweekly ☐ Monthly ☐

Wages & Salaries $_____ Self Employment $_____ Long/Short Term Disability $_____

Workers' Comp $_____ Pension $_____ Soc Security $_____ SSI Disability $ _____

Alimony/Child Support $_____ Military or Veteran Ben. $_____ Investment Income $_____

Unemployment Ben $_____ Welfare/TANF $_____ **TOTAL INCOME $_____**

If household income is $0, list who provides support and housing. or provide other explanation:

_____

HEALTH INSURANCE:

Do you have private hearing insurance? Yes ☐ No ☐ Do you have medical insurance? Yes ☐ No ☐

Insurance Company Name (if applicable): _____

Medicare Coverage? Yes ☐ No ☐ TennCare Coverage? Yes ☐ No ☐ Member #: _____

Medicare Advantage or Medigap Coverage? Provider: _____ Member # _____

HOME/VEHICLE EXPENSES:

Own ☐ Rent ☐ House Pymt/Rent $_____ Utilities $ _____ Home/Renter Insurance $ _____

If Rent, Landlord Name _____ Phone # ( ) _____

Landlord Address _____

Own/Lease Vehicle? Yes ☐ No ☐ Vehicle Pymt $ _____ Vehicle Insurance $ _____

THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY GRANT THE FAYETTEVILLE LIONS CLUB PERMISSION TO CHECK AND VERIFY AS NECESSARY. IF UNABLE TO MEET A SCHEDULED HEARING APPOINTMENT, I WILL CALL THE PROVIDER OFFICE TO CANCEL/RESCHEDULE.

APPLICANT or PARENT/GUARDIAN _____ **DATE** _____
SIGNATURE REQUIRED

For Lions Hearing Assistance Committee

Approved ☐ Disapproved ☐

Provider _____ Date of Appointment _____ Time _____

Date Applicant Notified: _____