



# FLORIDA LIONS COMMUNITY HEARING BANK, INC.

DISTRICT 35 N – A 501C-3 NON PROFIT ORGANIZATION

## INFORMATION FOR HEARING CASES:

**CONFIDENTIAL**

### PERSONAL INFORMATION:

DATE: \_\_\_\_\_

NAME OF CLIENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RESIDENCE: OWN:  RENT:  MONTHLY PAYMENT: \_\_\_\_\_

EMPLOYED:  EMPLOYER'S NAME: \_\_\_\_\_ UNEMPLOYED:

CLIENT LIVES WITH: (RELATION) \_\_\_\_\_ CONTACT INFORMATION: \_\_\_\_\_

PARENT OR GUARDIAN'S NAME: \_\_\_\_\_ STUDENT:

NAME OF SCHOOL: \_\_\_\_\_

HOW LONG HAS THE CLIENT HAD A HEARING LOSS: \_\_\_\_\_

HAS THE CLIENT OWNED/USED A HEARING DEVICE: \_\_\_\_\_

HOW DID YOU HEAR OF OUR PROGRAM: \_\_\_\_\_

### **SPECIFIC EQUIPMENT NEEDED: \*\*\*PLEASE ENCLOSE A COPY OF MOST RECENT HEARING TEST \*\*\***

DESCRIPTION: \_\_\_\_\_ RIGHT EAR: \_\_\_\_\_ LEFT EAR: \_\_\_\_\_ EAR MOLD: \_\_\_\_\_

PLACE TESTED: \_\_\_\_\_ NAME OF AUDIOLOGIST: \_\_\_\_\_

IS THE CLIENT RECIPIENT OF: MEDICAID:  CHILDREN'S MEDICAL SERVICES:

DIV. OF VOCATIONAL REHABILITATION:  VETERAN'S ADMINISTRATION BENEFITS:

OTHER AGENCIES:  NAME OF AGENCY: \_\_\_\_\_

### **FINANCIAL INFORMATION:**

TOTAL MONTHLY GROSS INCOME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

SOURCE/S OF INCOME: \_\_\_\_\_ PENSION: \_\_\_\_\_ DISABILITY: \_\_\_\_\_

ALIMONY: \_\_\_\_\_ FAMILY GIFTS/ASSISTANCE: \_\_\_\_\_

### **MONTHLY EXPENSES:**

MORTGAGE: \_\_\_\_\_ RENT: \_\_\_\_\_ UTILITIES: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CAR PAYMENTS: \_\_\_\_\_ GAS: \_\_\_\_\_ FOOD ALLOWANCE: \_\_\_\_\_

INSURANCE: \_\_\_\_\_ NAME OF INSURANCE: \_\_\_\_\_ OTHERS: \_\_\_\_\_

\*\*\*PLEASE ATTACH COPY OF LATEST TAX RETURN OR OTHER PROOF OF INCOME/EXPENSE\*\*\*

\*\*\*PLEASE ATTACH COPY OF INCOME/EXPENSE OF PARENT/GUARDIAN OF CHILD\*\*\*



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NAME OF SPONSOR LIONS CLUB: \_\_\_\_\_

SPONSOR CLUB'S NAME & SIGNATURE OF PRESIDENT: \_\_\_\_\_

\*\*\* LIONS CLUB/S WHO SPONSOR A CASE ARE REQUESTED TO DONATE SUGGESTED AMOUNT OF \$200.00/CASE TO THE FLORIDA LIONS COMMUNITY HEARING BANK TO DEFER A FRACTION OF THE COST OF THE HEARING AIDS\*\*\*

PLEASE MAIL APPLICATIONS TO:                   LION BETTY BARRERA  
1833 NW 168<sup>TH</sup> AVE.  
PEMBROKE PINES, FL 33028  
E-MAIL: [bettyvalidab@hotmail.com](mailto:bettyvalidab@hotmail.com)

Note: Applications accompanied by Hearing Test (if available), Proof of Income/Expense and a signed copy of Application form by a Lions Club would expedite review of your case.

I hereby acknowledge that all information provided in this application is true and no information is intentionally deleted/omitted under the laws of the State of Florida.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant/Guardian

\_\_\_\_\_  
Date