



Severn River Lions Club
Hearing Aid(s) Assistance Request



Today's Date: _____

Person Applying: _____ Date of Birth: _____

Address: _____ Phone No: _____

City: _____ Zip: _____ Email: _____

Please describe or circle the following:

Do you qualify for Medicare? Y N Medicaid? Y N Social Security? Y N

Other insurance? Y N If yes, carrier? _____

Do you work? Y N Monthly income (all sources) \$ _____

I can pay: \$25 / \$50 / \$100 / \$0

Lions Clubs give priority to children, students, seniors, and to those less fortunate having a very limited budget. My situation is: _____

Please note other factors such as disabled, homeless, diabetic, hearing aids broken or lost, hearing difficulty and impact, or other mitigating circumstance. _____

(continue on back)

Have you seen an audiologist? Y N

Last prescription date: Month/Year _____ Last time you received hearing aids? Month/Year _____

Assistance provided by other organizations? Y N Org: _____

How will you get to the Towson provider's location? _____

How did you learn about Lions' hearing assistance? _____

Important - Referring person & organization: Name _____

Position (nurse, counselor, caseworker, etc.): _____

Organization: _____ Street Address: _____

Suite/Apt: _____ City: _____ State: _____ Zip: _____

Referring Person Phone #: _____ Fax #: _____

Email: _____

****APPLICANT SIGNATURE** _____

Send to:
Lion Bill Zelenakas
1401 Mirable Way
Pasadena, MD 21122

Email: lionbillz@comcast.net
Phone: 410-437-2105

Additional Information may be written on the back of this page

Hearing Aid(s) Assistance Request Information Cont'd

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