

List major monthly expenses, amounts owed (medical, tuition, rent, mortgage, auto, etc.)

Amount family members can contribute to acquisition of hearing aid: \$ _____

Recipient's contribution towards hearing aid \$50

Lions Club share of hearing aid cost \$ _____

Application cannot be processed without the following information:

Name of Audiologist: _____ Phone: _____

Address where hearing aids will be sent: _____

Recommendation: Binaural Amplification Monaural

Have the Audiologist list 2 or 3 **different** makes/models of hearing aids that would be appropriate: _____

INCLUDE NAMES OF BTE HEARING AIDS ONLY AND ATTACH THE PATIENT'S AUDIOGRAM

Name of medical doctor: _____ Phone: _____

Address: _____

Include any other information that would be helpful in determining eligibility for assistance:

Signature: _____ Date: _____

RETURN THIS FORM TO:

CONNECTICUT LIONS DISTRICT 23A, 200 RICHMOND HILL AVE. STAMFORD, CT 06902

Meryl Aronin, Co-Chair (203) 322-8565

Kenny Sachs, Co-Chair (203) 325-1355