



SPOKANE CENTRAL LIONS CLUB HEARING AND VISION APPLICATION

Please indicate the type of assistance you are applying for: **Vision** or **Hearing**

PLEASE COMPLETE ALL QUESTIONS MARKING "NA" WHERE APPROPRIATE.
ALL INCOMPLETE APPLICATIONS WILL BE DISCARDED!

Name: _____ Birthdate: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone where you can be reached: _____
Email: _____

Occupation: _____ **Monthly Income**
Insurance: _____ Income: _____
Referring Agency: _____ Food Stamps: _____
Family Members: _____ SSI: _____

Comments

Has Lions assisted you in Vision Care before? YES If so, when?
Has Lions assisted you in Hearing Care before? YES If so, when?

HEARING ASSISTANCE: Final approval is made by Northwest Lions Foundation. **Proof of income is required prior to approval.** You will be contacted for a hearing evaluation and, if approved, a \$50.00 co-pay is required. Following approval, the applicant has 60 days to complete the process and receive hearing aids. Otherwise re-application will be necessary.

Spokane Central Lions and the providers of services disclaim any warranty for eye glasses or hearing aids. The applicant agrees to hold harmless any liability all parties participating in this program, and certifies all information furnished is true and complete. The applicant also gives permission to Spokane Central Lions to confirm the information provided.

SIGNATURE: _____ DATE: _____

Return completed application to:
SPOKANE CENTRAL LIONS, 1212 N. HOWARD, SPOKANE WA 99201
SCLIONS@GMAIL.COM