



SPOKANE CENTRAL LIONS CLUB HEARING APPLICATION

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

Name: _____ Birthdate: ____ / ____ / ____

Guardian: _____

Address: _____

City: _____ State: ____ Zip: ____

Phone: _____

Email: _____

Occupation: _____

Insurance: _____

Referring Agency: _____

Family members living at home (including yourself): _____

TOTAL MONTHLY
INCOME
\$ _____
Required

Comments _____

Has Lions assisted you in Hearing Care before? Yes No If Yes, 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 eyeglasses or hearing aids. The applicant agrees to hold harmless from 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:

SCLIONS@GMAIL.COM SPOKANE CENTRAL LIONS, 1212 N. HOWARD, SPOKANE WA 99201