

**WISCONSIN LIONS FOUNDATION  
HEARING PROJECT  
3834 COUNTY ROAD A  
ROSHOLT WI, 54473**

**Toll-free: 877-463-6953  
Fax: 715-677-4527  
Email: [hearing@wlfinc.org](mailto:hearing@wlfinc.org)**

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Dear Applicant,

The Wisconsin Lions Foundation (WLF) Hearing Project is dedicated to serving the hearing impaired throughout Wisconsin. The main mission of the Project is to provide hearing instruments for adults and children who could otherwise not afford them. Through the collaborative efforts and generosity of Lion and Leo Clubs, along with hearing healthcare professionals and hearing instrument manufacturers, many individuals have received the help they need.

If an applicant has family support or **funds** available in money market accounts, mutual funds, 401(k) plans, IRAs, certificates of deposit (CDs), checking/saving accounts, stocks, or bonds, **this may not be the program for you**. The WLF Hearing Project considers all these when determining eligibility. If applicants do not fall within the guidelines, or are otherwise deemed ineligible due to asset levels or related factors, receives assistance from another organization or state program the application will be denied.

Your sense of hearing is of great importance. Therefore, if the purchase of a hearing device presents a financial hardship for you, the WLF Hearing Project would like to help. To assist in determining whether or not you are eligible for our project, please complete the enclosed application and send to:

**WLF Hearing Project  
3834 County Road A  
Rosholt WI 54473  
Fax: (715) 677-4527, Email: [hearing@wlfinc.org](mailto:hearing@wlfinc.org)**

Please be certain to fill in all requested information because incomplete applications will delay processing. Feel free to include a letter (along with your application) if you wish to describe your personal situation in more detail, and remember to **include a copy of your last year's Federal Tax Return and/or Social Security benefit statement, 3 most recent Bank Statements and any supporting schedules. If married, or living with other individuals, please include proof of their income as well.**

Thank you for taking time to fill out your application. I will contact you as soon as possible regarding whether your request was approved.

Sincerely,

Healthcare Supervisor

**\*\*Note: All applicants must obtain prior authorization from the WLF Hearing Project *before* obtaining a hearing aid. An automatic denial will result if hearing aids are purchased before the applicant is approved.**