



WISCONSIN LIONS FOUNDATION, INC.
HEARING PROJECT
Application for Financial Assistance for Hearing Aid(s)



Applicant Name: _____ Date of Birth: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Daytime Telephone: (____) _____ - _____ Cell Number: (____) _____ - _____

Parents Names (when applying for a child): _____

1. Check all that you are applying for: ☐ New Hearing Aid(s) ☐ Hearing Aid Repair ☐ Hearing Evaluation

2. Have you received hearing aids from the WLF Hearing Project in the past? If yes, what year: _____

3. Is the Applicant a **permanent** resident of Wisconsin (circle one) ☐ Yes ☐ No

4. How long have you been at your current address? _____

5. **Insurance:** Name & policy numbers of any/all health insurance policies: _____

6. Have you checked if your insurance policy covers hearing aids? (Circle one) ☐ Yes ☐ No

a. If you answered yes above, what is your copay for the device(s)? _____

7. Have you checked if you qualify for Medicaid? (Circle one) ☐ Yes ☐ No ☐ N/A

8. Marital Status (circle one) ☐ Single ☐ Married ☐ Widowed ☐ Separated

9. List Names, Ages, and Relationship of **Everyone** in Household: _____

10. When was the last time your hearing was evaluated? _____

11. Are you currently working with a hearing professional? (Circle one) ☐ Yes ☐ No

a. If yes, please provide following:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____

-----EMPLOYMENT INFORMATION-----

Parents or Guardians employment information is necessary when applying for a child or dependent

I am currently (circle one): ☐ Employed ☐ Unemployed ☐ Retired ☐ Disabled

If employed, please complete the following:

Present Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____ Job Title: _____

Gross Monthly Income \$ _____ Net Monthly Income \$ _____

If married, your spouse is currently: ☐ Employed ☐ Unemployed ☐ Retired ☐ Disabled

If employed, please fill out information pertaining to spouse's employment:

Spouse Name: _____

Present Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____ Job Title: _____

Gross Monthly Income \$ _____ Net Monthly Income \$ _____

-----OTHER ASSISTANCE PROGRAMS-----

Please check each of the following programs you are currently eligible for or have applied for:

☐ Medicaid (Title 19) **Please note - this is not the same as Medicare (Title 18)**

☐ Department of Vocational Rehabilitation (DVR)

☐ Badger Care Plus

☐ Other Please List _____

-----FINANCIAL INFORMATION-----

Gross Income (before taxes/deductions) & Investments		Monthly Expenses (monthly average)	
Monthly Social Security Benefits	\$	Rent/Mortgage (circle one)	\$
Spouse's Social Security Benefits	\$	Utilities	\$
Monthly Retirement Pension	\$	Food	\$
Monthly Food Stamp Benefits	\$	Phone	\$
Monthly Child Support	\$	Medicine/Medical	\$
Other Income	\$	Car/Transportation	\$
	\$	Child Care	\$
** Required**		Home Insurance	\$
Assets (savings, checking, CD's, etc.)	\$	List Charge Cards	\$
	\$		\$
	\$	Other expenses	\$
Investments (IRA, 401-K, etc.)	\$		\$
	\$	Total Monthly Expenses	\$

**** REQUIRED FINANCIAL DOCUMENTS****

Please enclose 3 months of your most current Bank/Financial Statements. ALSO, enclose a copy of proof of income such as last year's Federal and State Tax Returns, and/or Social Security or Disability Benefit Statements, Pension Statements, latest Paycheck with year-to-date earnings. Proof of financials is **required** for you, your spouse, and other's living in your same household. Financial guidelines are based on **TOTAL** household income. Information received from the applicant remains confidential and is reviewed only by the designated Lions members involved in the Hearing Project.

I understand this application and additional documents will be reviewed by members of the Lions organization in order to determine the applicant's eligibility status. I give my permission to the WLF Hearing Project to release this application to the appropriate members for their review. In addition, I give my permission to have the information provided on this application verified. I certify that all of the information provided is current and accurate to the best of my knowledge. If any information is falsely stated, or if I am working with another assistance program I understand it will disqualify me from the WLF Hearing Project.

- or -

Signature of Applicant

Signature of Parent, Guardian, or POA

Date Signed

****Note: All applicants must obtain prior authorization from the WLF Hearing Project before ordering hearing aids****

**Please return this form to: WLF Hearing Project 3834 County Road A, Rosholt, WI 54473
Phone: (877) 463-6953 (toll-free) Fax: (715) 677-4527 Email: hearing@wlfinc.org**