



Nebraska Lions Foundation Children's Hearing Aid Application

I. PERSONAL INFORMATION:

Child: Male Female (Check One)

Last Name First Name Middle Name

Social Security Birth Date/Age Phone Number

Parent(s)/Guardian:

Last Name Father First Name Mother First Name

Street Address Apartment Number

City State Zip

II. INCOME INFORMATION:

A. Monthly Family Income \$ _____
(Wages, Social Security, Benefits, Interest)

B. Current Savings Amount \$ _____
(Explain if you have 401K, Keogh or IRA accounts)

C. Check if you receive income from any of these sources:
 Social Security (SSI or SSDI) Alimony or Child Support
 Welfare Benefits (ADC or Unemployment) Interest

D. Will your monthly income (above) change in the next months?
 Yes No If yes, will it Increase or Decrease?

III. FAMILY INFORMATION:

A. Number of Dependents _____ List ages _____

B. Childs Audiologist & Phone _____

C. Childs Primary Physician _____

D. Who Referred You to this Program? _____

NOTE: The Hearing Committee Only Meets Four (4) Times Yearly

Date Acted on by LIONS Hearing Committee _____

IV. EXPENSE INFORMATION (MONTHLY):

\$	Rent/House Payment per Month
\$	Utilities per Month
\$	Child Care
\$	Medical

A. Have you applied for any financial assistance from any other Agencies or Providers? Yes No If yes, list names and outcome.

B. Medically Handicapped Children’s Program (MHCP) Yes No

C. Nebraska Medicaid Program Yes No

D. Nebraska Kids Connection Yes No

E. Please list any other information you feel would be helpful to your financial situation so we can make a better decision about your eligibility.

Please Return this Application to:

Nebraska Commission for the Deaf and Hard of Hearing
1313 Farnam-on-the-Mall 3FL
Omaha, NE 68102-1836

V. LIONS Club Submitted:

To:	Date:
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On-line Application:

http://www.ncdhh.ne.gov/applications/lhab_child_app.pdf