

Nebraska Commission for the Deaf and Hard of Hearing Sertoma Hearing Aid Bank Application

I. PERSONAL INFORMATION

_____	_____	_____	_____
Last Name			Male/Female
First Name			
Middle Name			
_____			_____
Street Address			Apt. Number
_____			_____
_____	_____	_____	_____
City	State	Zip Code	County
-	-	()	
_____		_____	_____
Social Security Number		Birth Date	Telephone Number

II. INCOME INFORMATION

A. Monthly Income (Wages, Social Security, Benefits, Interest):

\$ _____ per month

B. Current amount in savings: \$ _____

C. Any Other Holdings:

Certificate of Deposit \$ _____

Stocks/Bonds/Other \$ _____

D. Please check if you receive income from any of these sources:

_____ Full or Part-Time employment

_____ Social Security (SSI, SSDI)

_____ Welfare Benefits (ADS, Unemployment, Medicaid)

_____ Alimony, Child Support

_____ Veteran's Benefits

_____ Other _____

III. FAMILY INFORMATION

_____ Live Alone

_____ Live with Family Member

_____ Live in a Nursing Home

_____ Live with Husband/Wife-Spouse's Monthly Income \$ _____

_____ Number of Dependents – Please list ages: _____

BE SURE TO COMPLETE THE BACK OF THIS FORM -- THANK YOU

IV. EXPENSE INFORMATION

\$ _____ Rent/House Payment per month
\$ _____ Utilities per month
\$ _____ Transportations per month
\$ _____ **Medical Expenses - Please Explain:**

V. Please feel free to list any other information you feel would be helpful to understand your financial situation and to make a better decision about your eligibility. Have you applied for any other financial assistance? If so, with who and what was the outcome?

Have you applied to the hearing aid bank previously? _____ When? _____

I certify that the above information is accurate: _____

Signature

Date Signed

Please return this form to:

Donita Mains, PhD, CSW
Nebraska Commission for the Deaf and Hard of Hearing
200 South Silber Room 207
North Platte, NE 69101-4298
(308) 535-6600 v/tty
Toll Free - 1-888-713-3118 v/tty
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