

# Dublin Lions Club Hearing Assistance Application

Please fill in ALL blanks or provide explanation for absence of information

**\*Assistance is open to permanent residents of Pulaski County only\***

**Application Date:** \_\_\_\_\_

Applicant's name \_\_\_\_\_ Age \_\_\_\_\_

Parent's name(s), if applicant is a child \_\_\_\_\_

Address (Physical & Mailing)\* \_\_\_\_\_

City, State, & Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Reason for needing assistance:** \_\_\_\_\_

Source of income\*\* \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Total Monthly Income (including individuals listed below) \$ \_\_\_\_\_

Other household members (list all members, their income, and relationship to applicant)

Name	Relationship	Income	Source
_____	_____	_____	_____
_____	_____	_____	_____

(If more, complete back of this form.)

## Monthly Expenses

Housing (Rent / Own/Live with Family) \$ \_\_\_\_\_ # Dependents \_\_\_\_\_ Food \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_ Child Care \$ \_\_\_\_\_

Please provide information about any additional assistance you receive (i.e. Snap, WIC)

\_\_\_\_\_  
\_\_\_\_\_

Do you have health insurance that provides hearing? \_\_\_ Yes \_\_\_ No (Medicaid or Medicare)? (Please Specify) \_\_\_\_\_

Has the Dublin Lions Club provided you with assistance in the past? If so, when? \*\*\* \_\_\_\_\_

Are you able to contribute towards part of the purchase? \_\_\_ Yes \_\_\_ No

*The decision to contribute does not impact eligibility and only allows us to assist more individuals.*

**I certify the information on this application is true and correct.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**(OVER)**

If applicant is student, his or teacher, school nurse or administrator may sign this statement.

I, the undersigned, a teacher or faculty member at the below named school am familiar with the above-named applicant and recommend him/her as a worthy applicant in need of the assistance requested.

School Name \_\_\_\_\_

School Official \_\_\_\_\_

If signed by school, proof of residence will not be required.

Please return this application to:

**Dublin Lions Club  
c/o Tom Shelton  
2766 Mt Olivet Rd  
Pulaski VA 24301**

Applications will be reviewed and an approval voucher or denial letter will be sent to your address in 3-4 weeks.

- **FRAUDULENT INFORMATION IS CAUSE FOR DENIAL**
- **\*Dublin Lions Club reserves the right to request proof of residence, when instances arise.**
- **\*\*Income includes earnings from employment, social security, disability, worker's compensation, child support, alimony, family support, side jobs and other received contributions.**
- **\*\*\*Approval will only be granted 3 years after prior approval**

**LIONS CLUB USE ONLY**

Date Application Approved / denied: \_\_\_\_\_

Voucher #: \_\_\_\_\_