



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

I. Personal Information:

Last Name	First Name	Middle Name	Male or Female
Mailing Address			
City	State	Zip Code	County
E-Mail Address			
Last 4 digits of your Social Security #	Date of Birth	Telephone Number ()	

II. Income Information:

A. Applicant's Gross Monthly Income (Wages, Social Security, Benefits): \$ _____ per month
 Spouse's Gross Monthly Income (Wages, Social Security, Benefits): \$ _____ per month

B. Please check your source of income:

<input type="checkbox"/> Full or Part-Time employment	<input type="checkbox"/> Social Security (SSI, SSDI)
<input type="checkbox"/> Welfare Benefits (ADC, unemployment)	<input type="checkbox"/> Alimony, Child Support
<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Other: _____

C. Do you receive Medicaid? Yes No

D. Are you a Veteran? Yes No

III. Family Information

<input type="checkbox"/> Live Alone	<input type="checkbox"/> Live with family member	<input type="checkbox"/> Live in a nursing home
<input type="checkbox"/> Live with husband / wife	<input type="checkbox"/> # of Dependents – Please list ages: _____	

Do you currently wear hearing aids? Yes No

Have you applied to Lions before? Yes No If Yes - When? _____

I certify that the above information is accurate:

Signature

Date Application Signed

Please return this form including the Citizenship Attestation Form to:

Nebraska Commission for the Deaf and Hard of Hearing (NCDHH)
4600 Valley Road Ste 420
Lincoln NE 68510

Toll Free - 1-800-545-6244

Fax – (402) 742-2357

E-Mail – ncdhh@nebraska.gov

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

(first, middle, last)

SIGNATURE

DATE
