



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



I. PERSONAL INFORMATION

Last Name First Name Middle Name Male/Female

Street Address Apt. # Mailing Address

City State Zip Code County

Social Security Number Birth Date Telephone Number

E-Mail Address

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 if you receive income from any of these sources:

- Full or Part-Time employment
- Social Security (SSI, SSDI)
- Welfare Benefits (ADS, Unemployment)
- Alimony, Child Support
- Veteran's Benefits
- Other _____

C. Do you receive Medicaid? Yes No

III. FAMILY INFORMATION

- _____ Live Alone
- _____ Live with Family Member
- _____ Live in a Nursing Home
- _____ Live with Husband / Wife
- _____ Number of Dependents – Please list ages: _____

Do you currently wear hearing aids? Yes No
Have you applied to Sertoma before? Yes No 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
Attn Heather Pucket
200 S Silber Room 207
North Platte NE 69101
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
