



**LEND AN EAR  
OUTREACH**

## **OUR MISSION**

**To provide the Gift of Hearing by furnishing quality hearing aids to those with limited or no means, in an atmosphere of dignity and compassion.**

**Give the Gift of Hearing, One Person at a Time**

[www.LendanEarOutreach.org](http://www.LendanEarOutreach.org)



## APPLICATION

Please type or print clearly

### GENERAL INFORMATION

Date: \_\_\_\_\_

Applicant's Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Male ( ) Female ( )

Number in Household: \_\_\_\_\_ (Household is defined as all those living together or dependent on each other.)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

### INSURANCE INFORMATION

Medicare I.D. No. \_\_\_\_\_ Medicaid I.D. No. \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_

### INCOME

Applicant's Income \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_

Other Household Member's \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_

**Other Sources of Income** Please provide all the supporting documentation

Social Security \$ \_\_\_\_\_ per mo.

SSI \$ \_\_\_\_\_ per mo.

Retirement \$ \_\_\_\_\_ per mo.

Disability \$ \_\_\_\_\_ per mo.

Food Stamps \$ \_\_\_\_\_ per mo.

Other \$ \_\_\_\_\_ per mo.

Total Monthly Income \$ \_\_\_\_\_

**\*\*\*SUPPLY COPIES OF RENT, ALL UTILITIES AND OTHER EXPENSES CLAIMED  
ALONG WITH W2 FORM OR OTHER PROOF OF INCOME\*\*\***

*This application is for the use and benefit of those who do not have adequate income or resources to obtain a hearing aid.*

I hereby authorize Lend An Ear Outreach, Inc., its duly authorized agents and representatives, to make such reasonable investigations as deemed sufficient in acting upon this application and such corporation, its agents or representatives, from any liability for such investigations. I certify that the foregoing statements and all information furnished by me to Lend An Ear in writing are true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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

**For Completion by LEND AN EAR OUTREACH, INC.**

Date Received \_\_\_\_\_ Date forwarded to LAEO Coordinator \_\_\_\_\_  
Interview Date \_\_\_\_\_ Referred by \_\_\_\_\_  
Interviewed by \_\_\_\_\_ Phone No \_\_\_\_\_  
Approved by \_\_\_\_\_ Date \_\_\_\_\_

**SEND COMPLETED APPLICATIONS TO:**

LEND AN EAR OUTREACH, INC  
8553 Argyle Business Loop Ste. D  
Jacksonville, FL 32244

[Scheduling@lendanearoutreach.org](mailto:Scheduling@lendanearoutreach.org)  
[www.lendanearoutreach.org](http://www.lendanearoutreach.org)

*Medical evaluations and hearing aids provided by Lend An Ear Outreach, Inc. are based on availability of funds and hearing aids.*



## **HOW TO COMPLETE THE LEND AN EAR OUTREACH, INC. APPLICATION**

1. Read the application completely.
2. Complete all questions and date and sign the application. The applicant's signature is required on page three of the application.
3. Gather copies of supported documentation as outlined on page two, including the household income.
4. Gather copies of bank statements – Statements are needed for each account belonging to each individual in the household (most recent two months). A copy of each page of each statement is required.
5. **DO NOT SEND ORIGINAL DOCUMENTS – THEY WILL NOT BE RETURNED TO YOU.**
6. Mail all material to:

Lend An Ear Outreach, Inc.  
8553 Argyle Business Loop Ste. D  
Jacksonville, FL 32244

[Scheduling@lendanearoutreach.org](mailto:Scheduling@lendanearoutreach.org)

***Once you have mailed the application to Lend An Ear, please wait at least five weeks before making a call for a status check of your application.***

*\*Additional information may be needed after initial review of the application.*

*\*\*Lend An Ear Outreach, Inc. reserves the right to change criteria at any time without prior written notice.*



8553 Argyle Business Loop Ste. D  
Jacksonville, FL 32244

Phone: 904-241-HEAR or 904-241-4327

E-mail: [DrJude@lendanearoutreach.org](mailto:DrJude@lendanearoutreach.org)

### **Consent to Release of Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

I swear that the information in this application is correct and true to the best of my knowledge. I understand the information I submit on this form to Lend an Ear Outreach, Inc. regarding my annual household income, social security, retirement, insurance and medical history is subject for verification by Lend an Ear Outreach, Inc.

Acceptance of hearing aids and services of Lend An Ear Outreach, Inc. constitutes permission to use applicant's name and photograph for promotional purposes, unless prohibited by law.

This consent (unless expressly revoked earlier) expires twenty-four (24) months from the date indicated below.

\_\_\_\_\_  
Print Name:

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

Date: \_\_\_\_\_

**LEND AN EAR OUTREACH, INC.**

By: \_\_\_\_\_

Date: \_\_\_\_\_