

**LIONS CLUBS OF DISTRICT 24-L (VIRGINIA)  
LAKE OF THE WOODS LIONS CLUB  
REQUEST FOR FINANCIAL ASSISTANCE FOR HEARING AID**

Date:			
Client Name:			
Client Address:			
City, State Zip:			
Telephone:	(Day)		(Evening)
Email:			
Inform client that small co-pay will be required, as will be discussed at appointment.			
Summarize Need:			
Date of hearing test/prescription :		Date:	
Audiologist/M.D./Clinic:			
Telephone:			
Ask client to be sure to bring hearing test information to appointment			
Client Household Information:	Gender:		Client's Age:
No of Adults:		Number of Dependents:	
Monthly Income and Expense Summary			
Income:		Type or Source:	
Expenses:			Notes: (Aid needed for school? For Work?)
	Rent		
	Food		
	Medical		
	Transportation		
	Other		
	Total		
Referring Worker:		Telephone:	
<p>Send completed form to Virginia Lions Hearing Aid Bank Foundation (District 24-L) Chair Mike McLaughlin 1881 Campus Commons Drive, Suite 450 Reston, VA 20191 mmclaughlin@fc-alions.org 703.471.6150 (Voice) 703.471.6676 (Facsimile)</p>			