

**WISCONSIN LIONS FOUNDATION  
HEARING AID PROGRAM  
3834 COUNTY ROAD A  
ROSHOLT WI 54473**

**Toll-free: 1-877-463-6953  
Fax: 1-715-677-4527  
Email: mpostelnik@wlf.info**

---

Dear Applicant,

The Wisconsin Lions Foundation (WLF) Hearing Aid Program is dedicated to serving the hearing impaired throughout Wisconsin. The main mission of the Program is to provide hearing instruments for adults and children who could otherwise not afford them. Through the collaborative efforts and generosity of Lion, Lioness, and Leo Clubs, along with hearing healthcare professionals and hearing instrument manufacturers, many needy individuals have received the help they need.

The WLF Hearing Aid Program has recently received a request for financial assistance on your behalf. If an applicant has family support or **funds** available in money market accounts, mutual funds, 401(k) plans, IRAs, certificates of deposit (CDs), checking/saving accounts, stocks, bonds or T-bills, **this may not be the program for you.** The WLF Hearing Aid Program considers all these when determining eligibility. If applicants do not fall within the guidelines, or are otherwise deemed ineligible due to asset levels or related factors, receives assistance from another organization or state program will be denied.

Your sense of hearing is of great importance. Therefore, if the purchase of a hearing device presents a financial hardship for you, the WLF Hearing Aid Program would like to help. To assist in determining whether or not you are eligible for our program, please complete the enclosed application and mail to:

**WLF Hearing Aid Program  
3834 County Road A  
Rosholt WI 54473**

Please be certain to fill in all requested information because incomplete applications will delay processing. Feel free to include a letter (along with your application) if you wish to describe your personal situation in more detail, and remember to **include a copy of your last year's Federal Tax Return and/or Social Security statement, and any supporting schedules.**

Thank you for taking time to fill out your application. I will contact you as soon as possible regarding whether or not your request was approved.

Sincerely,

Meghan Postelnik  
Hearing Program Coordinator

**\*\*Note:** All applicants must obtain prior authorization from the WLF Hearing Aid Program *before* obtaining a hearing aid. Purchasing of hearing aids before the applicant is approved will result in an automatic denial.

**WISCONSIN LIONS FOUNDATION, INC.**  
**HEARING AID PROGRAM**  
**Application for Financial Assistance for Hearing Aid(s)**

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents Names (when applying for a child): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Daytime Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Is the Applicant a **permanent** resident of Wisconsin (**circle one**)? Yes No

How long have you been at your current address? \_\_\_\_\_

**Insurance:** Name & policy numbers of any/all health insurance policies: \_\_\_\_\_

Have you checked if your insurance policy covers hearing aids? (Circle one) Yes No

Have you checked if Medicaid will cover hearing aids? (Circle one) Yes No N/A

Marital Status (circle one): Single Married Widowed Separated

List Names & Ages of **Everyone** in Household: \_\_\_\_\_

When was the last time your hearing was evaluated? \_\_\_\_\_

Are you currently working with a hearing professional? (Circle one) Yes No

If yes, please provide following:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

-----**EMPLOYMENT INFORMATION**-----

**Parents or Guardians employment information is necessary when applying for a child or dependent**

**I am currently (circle one):** Employed Unemployed Retired Disabled

**If employed, please complete the following:**

Present Employer: \_\_\_\_\_

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

City, State, ZIP \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Position: \_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Net Monthly Income \$ \_\_\_\_\_

**If married, your spouse is currently:** Employed Unemployed Retired Disabled

**If employed, please fill out information pertaining to spouse's employment:**

Spouse or Name (If applying for child): \_\_\_\_\_

Present Employer: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Position: \_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Net Monthly Income \$ \_\_\_\_\_

Gross Income (before taxes/deductions) & Investments		Monthly Expenses (monthly average)	
Monthly Social Security Benefits	\$	Rent/Mortgage ( <b>circle one</b> )	\$
Spouse's Social Security Benefits	\$	Utilities	\$
Monthly Retirement Pension	\$	Food	\$
Monthly Food Stamp Benefits	\$	Phone	\$
Monthly Child Support	\$	Medicine/Medical	\$
Other Income	\$	Car/Transportation	\$
	\$	Child Care	\$
Assets (savings, checking, CD's, etc.)	\$	Home Insurance	\$
	\$	List Charge Cards	\$
	\$		\$
Investments (CDs, IRA, 401-K, etc.)	\$	Other expenses	\$
	\$		\$
	\$	<b>Total Monthly Expenses</b>	<b>\$</b>

**Please enclose a copy of proof of income such as last year's Federal & State Tax Returns, Bank Statement, and/or Social Security benefit statements for you, your spouse, and other's living in same household. Financial guidelines are based on total household income. Information received from the applicant remains confidential and is reviewed only by the designated Lions/Lioness members involved in the Hearing Aid program.**

-----OTHER ASSISTANCE PROGRAMS-----

Please check each of the following programs you are currently eligible for or have applied for:

- \_\_\_\_\_ Medicaid (Title 19) **Please note - this is not the same as Medicare (Title 18)**
- \_\_\_\_\_ Department of Vocational Rehabilitation (DVR)
- \_\_\_\_\_ Badger Care Plus
- \_\_\_\_\_ Other Please List \_\_\_\_\_

**I understand this application will be reviewed by members of the Lions/Lioness organization in order to determine the applicant's eligibility status. I give my permission to the WLF Hearing Program to release this application to the appropriate members for their review. In addition, I give my permission to have the information provided on this application verified. I certify that all of the information provided is current and accurate to the best of my knowledge. If any information is falsely stated, or if I am working with another assistance program I understand it will disqualify me from the WLF Hearing Aid program.**

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

- or -

\_\_\_\_\_  
Signature of Parent, Guardian, or POA

\_\_\_\_\_  
Date Signed

**\*\*Note: All applicants must obtain prior authorization from the WLF Hearing Aid Program before ordering hearing aids**

**Please return this form to: WLF Hearing Aid Program 3834 County Road A Rosholt, WI 54473  
Phone: (877) 463-6953 (toll-free) Fax: (715) 677-4527**