



# SERTOMA Club of Springfield, IL

Hearing Aid Request Program (S.H.A.R.P.)

Please Print (Information is Confidential)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Own home \_\_\_\_\_ Rent \_\_\_\_\_ Other (describe) \_\_\_\_\_

Number of Persons in Household \_\_\_\_\_ Dependents \_\_\_\_\_ Ages \_\_\_\_\_

Total Household Annual Income \_\_\_\_\_ Employed? \_\_\_\_\_

Do you receive:

Food Stamps \_\_\_\_\_ Rent Subsidy \_\_\_\_\_ Medicaid \_\_\_\_\_ Other \_\_\_\_\_

Monthly Medical Bills-Please indicate amount:

Health Insurance \_\_\_\_\_ Doctors \_\_\_\_\_ Prescriptions \_\_\_\_\_

Note: Medicaid and VA may pay/assist with the cost of a hearing aid. If you might qualify, please check with them prior to making this SHARP application.

**PLEASE ATTACH A COPY OF YOUR MOST RECENT INCOME TAX FORMS  
OR PROOF OF INCOME**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application and tax form to: SERTOMA Club of Springfield,  
P. O. Box 2471, Springfield, IL 62705-2471

Date Received \_\_\_\_\_ Date approved \_\_\_\_\_