

Hearts for Hearing

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FINANCIAL ASSISTANCE APPLICATION

Date of Application _____ Referral Source _____

Patient Name _____ Date of Birth _____ Age _____

Name of Responsible Party _____ Relationship to Patient _____

Address _____

Phone _____ Street _____ City _____ State _____ Zip code _____ County _____
Cell Phone _____

Funding is being requested for

____ Hearing Aids ____ Earmolds ____ Audiological Services ____ Auditory-Verbal Therapy ____ Education

Please attach copies of your income tax returns for the past two years and recent paycheck stubs, **551**, SSD etc., verifying income and submit this information **no later than 2 weeks prior to your first appointment** for processing. If you have not filed current year taxes upon completion of this form, please send a copy of your current W-2, and include a copy of your 2008 tax return.

1. Annual adjusted gross income: 2007 \$ _____ 2008 \$ _____

2. Current income earned from employment:

Parent/Guardian (1) Occupation _____ \$ _____ Hour/Year

Parent/Guardian (2) Occupation _____ \$ _____ Hour/Year

If unemployed, monthly unemployment compensation amount \$ _____

How long unemployed _____ Unemployment remaining \$ _____

3. Other assets: Businesses, Cash, savings, stocks, bonds, CD's, second home, recreational vehicles, etc. (exclude retirement funds, i.e. IRA):

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

4. Other income:

Please specify source _____ \$ _____

5. Total number in household _____

Parent's current marital status ____ single ____ married ____ separated ____ divorced ____ widowed

Parent's highest level of education
____ High school ____ Associate's degree
____ GED ____ Bachelor's degree
____ Trade school ____ Master's degree
____ Community college ____ Doctorate

List all persons living in the home with applicant (Applicant's name first)

1. _____ Relationship _____
2. _____ Relationship _____
3. _____ Relationship _____
4. _____ Relationship _____
5. _____ Relationship _____
6. _____ Relationship _____

(Continued on backside)

