

❖ SOUND BEGINNINGS PROGRAM ❖

*Application for Assistance
Program Ends September 30, 2008.*

APPLICANT INFORMATION

Name of Applicant (Child): _____ Birth Date: _____

Name(s) of Parent(s): _____

Parents are (check one): Married Divorced Separated Widowed
 Other*: _____

With whom does child live? Mother Father Both Other*

**If other, please explain:* _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Other Phone: _____

E-mail Address: _____

MEDICAL INFORMATION

(To be complete by audiologist/pediatrician)

Name of Audiologist: _____ Phone: _____

Describe child's diagnosis: _____

Age of Diagnosis: _____

For which ear is hearing aid needed (check one)? Right Left Both

What type of Siemens CIELO 2 hearing aid is needed (check one)? CIELO 2 S BTE CIELO 2 BTE
 CIELO 2 P BTE CIELO 2 SP BTE

In addition to equipment, what care will be needed?

Signature of Audiologist

Date

INSURANCE INFORMATION

Does applicant have medical insurance? ____Yes ____No

If yes, indicate name of provider: _____

Is any portion of the applicant's prescribed hearing aids covered by insurance? ____Yes ____No
If yes, what percentage or amount is covered? _____

Are supplementary services required for the fitting and maintenance of the hearing aid(s) covered by insurance? ____Yes ____No
If yes, what percentage or what amount is covered? _____

HOUSEHOLD INFORMATION

Household Listing

Please list all members of household who are dependent on applicant's parents:

<u>Name</u>	<u>Age</u>	<u>Relationship to Applicant</u>

Employment Information

Mother's Employer: _____ Occupation: _____

Father's Employer: _____ Occupation: _____

FINANCIAL INFORMATION

Income & Assets *(list amounts received monthly)*

<u>Type</u>	<u>Amount</u>
Total Income from Work:	
Unemployment Compensation	
Sick or Accident Benefits	
Worker's comp/Insurance benefit	
ADC (Aid to Dependent Children) Benefits	
Medicaid	
Child Support Payments (for all children)	
Pension	
Social Security/SSI/SSD	
Other Social Service Assistance	
Other Income Not Listed Above <small>Specify:</small>	
TOTAL MONTHLY INCOME:	

Total in cash, checking, savings: \$ _____

Value of other investments (stocks, bonds, personal property) \$ _____

If own home: Value: \$ _____ Amt. Owed: \$ _____

Expenses *(list amounts paid monthly)*

<u>Expense</u>	<u>Amount</u>
Rent/mortgage & real estate tax	
Utilities (gas, electric, etc.)	
Medical Expenses	
Food & Other Living Expenses	
Transportation (car payments, insurance, etc.)	
Day Care	
Other <i>(explain in additional circumstances section)</i>	
TOTAL MONTHLY EXPENSES:	

Approximate Cost of Hearing Aid: \$ _____

Approximate Annual Cost of fittings, maintenance, etc.: \$ _____

ADDITIONAL CIRCUMSTANCES

Please share any additional circumstances that the committee should know when reviewing your application (attach additional pages if necessary):

APPLICANT PHOTOGRAPH

Please attach a photo of the applicant (child) to this application. This photograph should be a clear, high resolution, color portrait of the child. Snapshots are acceptable. By submitting this photograph, you give Quota International permission to share the photo with Siemens, Inc., and to use this photograph in Quota International or We Share Foundation print or Web publications. The child will not be identified in any publications unless permission is obtained and granted.

APPLICANT AGREEMENT

With my signature below, I authorize that all information shared on this form is true to the best of my knowledge. I hereby release all information to the Quota Club and Quota International, and give permission for the committee to investigate the above information and discuss it among themselves.

Should I be awarded funds in support of this application, I agree to use them solely for the purposes agreed upon with the Quota club and to fulfill all reporting and other obligations as documented in the Sound Beginnings contract that follows.

Signature of Applicant (Parent)

Date

**PLEASE RETURN THIS APPLICATION TO
QUOTA INTERNATIONAL OF _____
ADDRESS
CITY, STATE, ZIP
APPLICATIONS ARE DUE NO LATER THAN
SEPTEMBER 10, 2008**

FOR COMMITTEE USE ONLY:

Date Received: _____ *Date Taken to Committee:* _____

Action Taken: _____ *Date Notification Sent:* _____

Date Sent to Quota International (if applicable): _____

Signature: _____

