

Hears4you, Inc.

6017 Pine Ridge Rd, Suite 363

Naples, FL 34119

305-699-3246

Application for free hearing aids and services. Please complete and call for an appointment.

Name _____

Address _____

Date of Birth _____

Are you above the age of 18? Y/N

Have you had a hearing test in the last year and were hearing aids recommended for you? Y/N

Is the hearing loss in one ear or both? One/ both

If one ear only, which ear? Right/Left

Do you have health insurance including Medicaid that may cover the cost of hearing aids? Y/N

Do you have financial need for assistance with hearing aids? Y/N

Is your household annual income less than \$ 40,000? Y/N

I _____ certify information is correct and understand the above mentioned hearing aid is being donated and is meant for my personal use as hearing aids are fit to the individuals hearing loss and are not to be sold or given to any one else for their use. Under this program I will receive one or a pair of hearing aids at no cost. Hearing aids need batteries that need to be changed weekly as well as cleaning and maintenance and will be my responsibility. If I cannot afford the batteries I can contact this organization for help.

Hearing aids do not restore hearing or prevent further hearing loss. This program is not intended to replace medical advice and all information provided applies to hearing help only. I agree to sign a medical clearance waiver and release Hears4you, Inc. of any liability regarding my hearing loss. I understand the above donated hearing aids may have no warranty coverage and any repairs could cost from \$200 and up. I agree to contact this organization if I need any repairs. I agree to take care of the devices and use them to improve my communication needs.

Signature of Applicant

Date

