



LEND AN EAR
FOUNDATION

Amplification Recipient Application

Please print all responses clearly in black ink. Application fee of \$300 will be due prior to fit of devices, \$100 of which will be refunded upon return of devices. This can be submitted via check (written out to: Lend an Ear Foundation) with application, or through PayPal to lendanearkc@gmail.com. Application may be submitted via email to lendanearkc@gmail.com or in person/via mail to: 112 Congress Street, Belton, MO 64012

Application Date: _____

Are you currently under the care of hospice or palliative care? _____

Patient Name:

Primary Caregiver/Power of Attorney Name:

Primary CURRENT Address(where we will go to provide services):

Primary Caregiver/Power of Attorney Address:

Primary Phone:

Primary Caregiver/Power of Attorney Phone:

Has the patient ever worn hearing aids? _____

Does the patient have any physical or mental limitations that may affect their use of hearing aids? _____

Signature of Patient

Signature of Caregiver/Power of Attorney

How did you hear about us? _____

Please support our efforts to continue this service by finding us Facebook, Twitter, and Instagram. We appreciate your support and we look forward to working with you!