

Name:

Date of Birth

Hearing Aid Bank Application Addendum

Note: complete this section only if you are applying for the hearing aid bank. Your approval is dependent on available hearing aid stock and candidacy.

Please share a story about how hearing loss has affected your life and how hearing aids will help you: (You may wish to include information about your living and listening environment, work status or income restrictions, and hearing needs.)

How did you learn about the hearing aid bank program?

Please provide any additional information you would like to share with us: