

The Sharon St. Cyr Fund, Inc.
"Hearing from the Heart" Hearing Aid Application

Client #: _____
(Completed by the SSC Fund)

The goal of the Sharon St. Cyr Fund, Inc's "Hearing from the Heart" Program is to provide funding to individuals in need of hearing aids, who are not financially able to provide them for themselves, whether in whole or in part.

ALL REQUESTS FOR AID WILL BE CONSIDERED; however, those applicants fitting our direct goals and profile will have priority.

The Sharon St. Cyr Fund, Inc. is an all volunteer organization with limited funds attempting to fill a need in our community with assisting individuals with hearing impairments. It is our desire to help where we can; however, we may not be able to guarantee funding for all requests, even those which fit our direct criteria. If your request is approved or denied, you will be notified within 30 days of the submission of your request of the status.

Section 1: Client Information

(Client/Guardian Information is not shared with the Board of Directors when deciding who will receive funding. Only the Treasurer of the organization will be privy to this information. The Board of Directors will receive Aid Applications with Client Numbers only)

1. Client Name: _____
2. Client Address: _____
3. City: _____ State: _____ County/Parish: _____ Country: _____
4. Home Phone Number: (_____) _____ - _____
5. Mobile Phone Number: (_____) _____ - _____
6. Email: _____
7. Is Client under the age of 18 years of age? _____ Yes _____ No

If "Yes", the Guardian of the Client should complete Section 2:

Section 2: Guardian Information

1. Guardian Name: _____
2. Guardian Address (if different from Client): _____
3. City: _____ State: _____ County/Parish: _____ Country: _____
4. Home Phone Number: (_____) _____ - _____
5. Mobile Phone Number: (_____) _____ - _____
6. Email: _____

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Section 3: Client Financial Status

(All Household income must be submitted)

Client Yearly Income (Gross Amount): \$ _____

Source of Income: _____

Additional Household Income (Gross Amount): \$ _____

Source of Household Income (Partner; Domestic Partner; Spouse): _____

Other Income (Gross Amount): \$ _____

Source of Other Income: _____

Section 4: Assistance Request

(Please be as thorough as possible with your responses)

Amount of the Aid requested? (U.S. Dollars) \$ _____

The amount being requested will cover what type of hearing aid device: (Type of hearing aid, style, quantity, etc. (Limit two hearing aids per Client)):

Is the amount requested for the full cost of the hearing aid(s): ___ Yes ___ No

If no, then how much is the total cost of the hearing aid(s): \$ _____

Where is the difference in monies between the cost of the hearing aids and the amount being requested coming from:

How will receiving this Assistance improve your life? (Feel free to attach additional paper to this application if more room is needed.)

Have you approached other Organizations about Assistance? ___ Yes ___ No

If "Yes", please give the names of the organizations that have been approached:

If "Yes", please explain to the best of your knowledge why they have not provided funding:

(If you are still awaiting approval, please note that in the comments)

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Section 5: Payee Information

Who is the payee and where should the check be sent? (Checks will only be made payable to the audiologist or company that is providing the hearing aids to you. No checks will be made payable directly to the person needing the hearing aids.)

Name: _____
Address: _____
City, State, Country: _____
Zip Code: _____
Office Phone: _____
Tax ID #: _____

Section 6: Warranty Information

Does the Payee offer a warranty on the hearing aid(s)?

Yes No

If "Yes":

Is there an additional cost for the warranty?

Yes No (If "Yes", how much is the additional cost?) \$ _____

How long is the warranty? _____

Does the Manufacturer of the hearing aids offer a warranty?

Yes No

If "Yes":

Is there an additional cost for the warranty?

Yes No (If "Yes", how much is the additional cost?) \$ _____

How long is the warranty? _____

Section 7: Submission of Application

By signing this application, I attest that all of the information contained herein is accurate and true to the best of my knowledge. I also consent to the SSC Fund, Inc. Representative contacting my audiologist for verification of need and cost.

Signature: _____

Printed Name: _____

Please send your request to:

Sharon St. Cyr Fund, Inc.
2641 Heatherwood Drive
Dallas TX 75228

or email: Applications@SSCFund.com
or fax: 214-324-3733

If you have any questions, please contact Jeffrey Payne at Jeffrey@SSCFund.com.

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Demographic Information

The Sharon St. Cyr Fund, Inc is an equal opportunity organization and prohibits discrimination in the delivery of services on the basis of race, color, national origin, age, religion, disability, sex, sexual orientation, marital status, veteran status, or any other legally protected status. As part of its ongoing commitment to encouraging diversity and in compliance with federal regulations regarding equal opportunity responsibilities, The Sharon St. Cyr Fund, Inc. compiles and periodically reports data on applicants for assistance. We would greatly appreciate your assistance in this effort by answering the survey questions below. The information you provide will remain confidential and will be used only by our Human Resources Department in developing statistical profiles of applicant pools.

This voluntary survey is not part of your Application. Failure to provide this information will not affect your Application.

Date of Birth: ____ / ____ / ____ (MM/DD/YYYY)

Gender of client: ____ Male ____ Female

Ethnicity of client: ____ White ____ Black ____ Hispanic or Latino
____ Asian ____ American Indian / Alaskan Native
____ Native Hawaiian / Pacific Islander
____ Two or more Races (not Hispanic or Latino)

White: (not Hispanic or Latino) A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black or African American: (not Hispanic or Latino) A person having origins in any of the Black racial groups of Africa.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian: (not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian/Alaska Native: (not Hispanic or Latino) A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Native Hawaiian/Pacific Islander: (not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or more races: (not Hispanic or Latino) All persons who identify with more than one of the above five races.