

THE QUOTA CLUB OF WOOSTER
HEARING AND SPEECH COMMITTEE
APPLICATION FOR ASSISTANCE

Name of applicant _____ Age _____

Parent's name (if under 18) _____

Address _____
(apt. #) City

Phone _____

MEDICAL AND FINANCIAL INFORMATION

Please indicate needed equipment below:

Type of aid: R ___ L___ I-T-E B-T-E Binaural Cross System

Other _____

Approximate cost, if known _____

Persons in your home: NAME AGE
 Head of household _____

List of all those _____

Living in your home _____

Does anyone own real estate: _____ Value \$ _____

Do you own any stocks, bonds, savings accounts, or other personal property of value? _____

List them _____

Gross Monthly income \$ _____

Do you receive any of the following:

	CIRCLE		AMOUNT
Unemployment compensation	YES	NO	\$ _____
Sick or accident benefits	YES	NO	\$ _____
Worker's comp/insurance benefits	YES	NO	\$ _____
ADC benefits	YES	NO	\$ _____
Medicaid (Medical Assistance)	YES	NO	\$ _____
Support payments	YES	NO	\$ _____
Veterans benefits	YES	NO	\$ _____
Social security/SSD/SSI	YES	NO	\$ _____
Pension	YES	NO	\$ _____
Social Service Agency	YES	NO	\$ _____

Hillburton Funds	YES	NO	\$ _____
Ohio Bureau of Crippled Children	YES	NO	\$ _____
Service Club Assistance	YES	NO	\$ _____
Other Assistance	YES	NO	\$ _____

Other Income (items not indicated above) \$ _____
TOTAL MONTHLY INCOME \$ _____

LIVING EXPENSES:

Rent, mortgage payment, real estate tax \$ _____
(Utilities: gas, electric, water, basic phone) \$ _____

Medical (medical bills and/or hospitalization premiums You pay) \$ _____

Daycare (if required) \$ _____

NET MONTHLY INCOME

How did you find out about Quota Club?

Have you applied to Quota Club before? _____ When? _____

Other circumstances that the committee should know when reviewing your application

I HEREBY RELEASE ALL INFORMATION TO QUOTA CLUB OF WOOSTER AND AUTHORIZE THAT IT IS TREUE TO THE BEST OF MY KNOWLEDGE AND GIVE PERMISSION FOR THE COMMITTEE TO INVESTIGATE THE ABOVE INFORMATION AND DISCUSS IT AMONG THEMSELVES.

SIGNED _____ DATE _____

Attached is a list of companies which work with Quota Club. Please make an appointment with one of your choice (at no charge) for a hearing evaluation. The evaluations must accompany this application. Doctor's clearance form required. (see attached example.)

RETURN THIS APPLICATION TO: Quota Club International-Wooster, P.O. Box 1384,

Wooster, OH 44691

FOR COMMITTEE USE ONLY

Date taken to committee _____

Action taken _____

Notification Sent _____ Signature _____

VENDOR PARTNERSHIPS WITH QUOTA INTERNATIONAL OF WOOSTER

Clartone Hearing Aid Services

636 Beall Ave.
Wooster, OH 44691
(330) 262-2200

Vista/RJ Gandee

~~137 Beall Ave.~~ 290 E. Milltown Rd. Suite B
Wooster, OH 44691
(330) 264-8244

Alternate Hearing Resources

(testing, government qualified programs, financial assistance, etc.)

Hearing Testing:

- Beltone Audiology/ Hearing Care, 343 W. Milltown Rd., Wooster. (330)264-6655
- Wooster ENT, 1749 Cleveland Rd., Wooster. (330) 264-9699
- College of Wooster, Freedlander Speech and Hearing Clinic. (330) 263-2541
- Avada Hearing Care, 114 E. Liberty St. (330) 345-1050.

Social Security Eligible Programs (contact local Social Security Office for information)

- Medicaid (if eligible) will purchase a new hearing aid once every 4-5 years. Process is time intensive and may take several months to receive assistance.

Regional Federal, State or Local Programs (adults, children and senior citizens)

- **Greenleaf Family Center/Community Services for the Deaf** (330) 262-4235 provides interpreter services, case management and advocacy for deaf or hearing impaired, information and referral, specialized equipment loan program, interpreter screening, in-service training, advocacy, support services for interpreters, American Sign Language Classes, agency call service, and emergency service.
- **Wayne County Department of Job and Family Services** for eligible services. Wayne County (330) 287-5800, Holmes County (330) 674-1111.
- **InfoLink** (330) 263-6363 provides general and specific resources, guides and handouts
- **Area Agency on Aging** (877) 770-5558 services and resources for senior citizens.
- **Wayne County Health Department** (330) 264-9590, Holmes County (330) 674-5035
- **Hearing Loss Association of America Wayne/Holmes Chapter**, Margaret Latta, Interim President, malatta@sssnet.com. Bimonthly meetings at Wayne County Public Library

Relay Services for the Speech and Hearing Impaired

- Ohio Relay Services Sprint Relay Customer Service (800) 325-2223. To place a call, (800) 750-0750.
- Sorenson Video Relay Service (VRS) to contact a deaf person: (866) FAST-VRS, (801) 287-9403, www.sorensonvrs.com/support, vrssupport@sorenson.com

Financial Resources

Hear Now/Starkey Foundation is a national non-profit organization that gives hearing aids to those who meet financial guidelines and your hearing provider will work with Hear Now. (800)648-4327

Audient, Northwest Lions Foundation for Sight & Hearing (877) 283-4368 call for an application for hearing aid assistance.