



# Sertoma Hearing or Speech Assistance Request

Sertoma Use

Post Office Box 202  
Roswell, NM 88202-0202

Date: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Action: \_\_\_\_\_  
Ref By: \_\_\_\_\_

Applicant should be a resident of Chaves County to receive assistance. If document is not filled out completely it will **NOT** be considered. Please attach verification of costs pertaining to assistance requested if provided to you. You may make an oral presentation, along with submitting this form. Action on request normally takes 2, to 3 weeks, so please be patient. We will contact you, if we have not please contact us. If you have received funding from Roswell Sertoma within the last twelve months, this request will not be considered. Please mail form to the address on this application form.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

What assistance are you requesting? \_\_\_\_\_ Speech Therapy \_\_\_\_\_ Hearing Aid(s)

Have you had a hearing test before? \_\_\_ Yes \_\_\_ No When: \_\_\_\_\_ Done by: \_\_\_\_\_

**You need to have a copy of your audiogram hearing test, send with application.**

Do you currently have hearing aid (s) \_\_\_ Yes \_\_\_ No \_\_\_ Monaural (1) \_\_\_ Binaural (2) \_\_\_ Left \_\_\_ Right

How long have you had your hearing aid (s)? \_\_\_ 1yr. \_\_\_ 2yrs. \_\_\_ 3yrs. \_\_\_ 4yrs. \_\_\_ 5yrs. \_\_\_ +Yrs.

Total Amount of Money Requesting from Sertoma: \$ \_\_\_\_\_ How much can you pay? \$ \_\_\_\_\_

When do you need this assistance? \_\_\_\_\_ Who is your Physician? \_\_\_\_\_

INCOME: Salary: \$ \_\_\_\_\_ Pension and/or Retirement Pay \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_

Other Income available in household \$ \_\_\_\_\_ Total Monthly Income \$ \_\_\_\_\_

EXPENSES: Rent/Mortgage \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Water/Garbage \$ \_\_\_\_\_ Food \$ \_\_\_\_\_

Medical/Dental \$ \_\_\_\_\_ Vehicle (include maint. Fees) \$ \_\_\_\_\_ Total Monthly Expenses \$ \_\_\_\_\_

You may be contacted for additional information concerning your application.

Would you acknowledge in the media (radio, newspaper, or tv.) that Roswell Sertoma made this contribution? \_\_\_ YES \_\_\_ NO

The information entered above is true and correct to the best of my knowledge

\_\_\_\_\_  
Signature Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**ALL INFORMATION MUST BE COMPLETED OTHERWISE IT WILL NOT BE SUBMITTED TO COMMITTEE FOR CONSIDERATION!**

Any monies approved by Roswell Sertoma Club will be paid direct to the service provider.

Exceptions to the above monetary amounts will only be approved in extreme circumstances. Any applications in excess of these amounts must include a written justification and a complete financial statement of the person making the application.

Information contained on this application WILL NOT be released outside of Roswell Sertoma Club.