

## HEARING AID REIMBURSEMENT APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

e-mail address \_\_\_\_\_

Subordinate/Junior Grange \_\_\_\_\_

Hearing Aid Cost \_\_\_\_\_

(A copy of the invoice along with a copy of the proof of payment must be submitted with the application)

Insurance Reimbursement \_\_\_\_\_

(Was any payment made by insurance to cover the cost of the Hearing Aid and if so the amount of the payment)

Has the applicant received a previous reimbursement for a Hearing Aid. If so, what was the date of reimbursement \_\_\_\_\_

**All applications must be received by the Chairman of the Home & Community Service Committee no later than August 15.**