



Center for Better Hearing

Thank you for your interest in the Easterseals' Outreach Program through the Saunders Fund for the Sick and Infirm of the Borough of Naugatuck. This grant when available is utilized for the audiological needs of eligible applicants who reside in Naugatuck, CT. Please complete the attached application in full and submit for processing to:

The Easterseals' Outreach Committee

22 Tompkins Street
Waterbury, CT 06708

When completing the application, please complete every item in the application. If an item does not apply to you, please write \$0 or n/a. The committee requires that you provide copies of the most recent statements for all of your accounts. This includes the most recent statement for your individual and/or joint checking, savings, CD or money market accounts. Please **CROSS OUT ACCOUNT #S** on any included statements.

Please make sure that all questions on the application are answered and that the requested information (**including most recent bank statements**) is included when you return the application. Failure to do so will delay the processing of your request. Determinations may take up to 4 weeks.

Thank you for your interest in our program. I look forward to hearing from you. Should you have any questions/concerns you may contact me at **203-754-5141 ext 225**.

Sincerely,

A handwritten signature in blue ink that reads "Katie Szanto".

Outreach Program Coordinator



CONFIDENTIAL
APPLICATION FOR FUNDING THROUGH:
THE SAUNDERS FUND FOR THE SICK AND INFIRM OF THE BOROUGH OF NAUGATUCK.

Funding through the Saunders Fund for the Sick and Infirm of the Borough of Naugatuck, when available, will be utilized for assistance through Easterseals for audiological needs of eligible applicants who reside in Naugatuck, Connecticut. Grant funding may be applied to medically necessary procedures for hearing aids and other hearing services.

Funding decisions will be made by the Easterseals' Outreach Committee and will be based on the financial need of the applicant. The final decision for eligibility and the amount funded will be based on a sliding scale developed by the committee.

Please complete this application in full. (Items left blank or incomplete will result in a delay in processing your request).

Date of Application _____ Date of Birth _____
Name of the Applicant _____
Address _____
City _____ Zipcode _____ Telephone _____
How did you hear about this program? _____
Name of the individual who referred you: _____

I am requesting grant assistance (select one):

- ☐ Hearing Aid and other Hearing Services
☐ Hearing Services Only

Do you currently have a hearing aid ☐ Yes ☐ No
Date hearing aid was purchased _____

Please describe the medical need: (If requesting funding towards hearing aids, if available, please submit the most recent hearing test and/or recommendations for a hearing aid from a Connecticut licensed audiologist.)

Insurance and Property Information

Do you have Medicare? Yes _____ No _____

Insurance _____ Card # _____

Do you have a Medicare Supplemental Insurance? Yes _____ No _____

Insurance _____ Card # _____

Do you have Medicaid, Title 19 or a Grey ConnectCard? Yes _____ No _____

Card # _____

Do you have any other Medical Insurance? Yes ____ No ____

If yes, please provide the details of the coverage

Insurance _____ Card # _____

Length of time you have lived at your current address? _____

Number of persons in your household? _____

Do you own your own home? Yes ____ No ____

Please provide your monthly mortgage or rental payment \$ _____ / month

Do you have any other financial information (i.e. large bills) that you would like us to know about in consideration of your application?

Income and Asset Information

List below All Sources of Income (Please complete each line, verification of income may be required):

Income Source(s)

- Monthly Wages, Social Security, SSI, and
railroad retirement
- Monthly Pensions, retirement income
- Monthly Veteran's benefits
- Monthly Interests and dividends
- Monthly Rental income
- Any other income
(including non taxable income etc.)

Applicant

Spouse

Joint

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Asset(s)

Please complete the information below for all financial accounts. **Please include a copy of the most recent statement for each account with your application. PLEASE CROSS OUT THE ACCOUNT #'S.**

If you require additional lines, please attach an additional page with the account and balance information.

Checking account(s)

Bank Name _____

Current balance \$ _____ Account Holder (circle one) Applicant Spouse Joint

Bank Name _____

Current balance \$ _____ Account Holder (circle one) Applicant Spouse Joint

Savings account(s)

Bank Name _____

Current balance \$ _____ Account Holder (circle one) Applicant Spouse Joint

Bank Name _____

Current balance \$ _____ Account Holder (circle one) Applicant Spouse Joint

Certificate of Deposit (CD) account(s)

Bank Name _____

Current balance \$ _____ Account Holder (circle one) Applicant Spouse Joint

Individual Retirement (IRA) account(s)

Bank Name _____

Current balance \$ _____ Account Holder (circle one) Applicant Spouse Joint

	Applicant	Joint	Spouse
Stocks owned (Market Value)	\$ _____	_____	_____
- Other Investments	\$ _____	_____	_____

SUBMISSION OF APPLICATION

Please submit with this application, a copy of your Federal and State Income Tax Return for the most recently filed year.

****PLEASE CROSS OUT THE SOCIAL SECURITY NUMBERS****

- Income Tax Year Return Submitted: Year _____

Submit the completed application and required attachments to:

The Easterseals' Outreach Committee**22 Tompkins Street****Waterbury, CT. 06708**

I certify that the information on this form is true, accurate, and complete. I also understand that false claims or misrepresentations will disqualify me for consideration for this grant. I authorize the verification of health insurance, if necessary, to determine eligibility for the Outreach Funding of Easterseals.

Signature of the Applicant_____
Date