

Dallas Hearing Foundation

7777 Forest Lane, C-A94 PMB 143
Dallas, Texas 75230

Phone: (972) 424-7711

STOP AND READ

Before you complete the attached application, please answer the following questions:

Do you currently have insurance? _____ If so, please be sure to include this information with your application. Having insurance does not affect your eligibility to receive assistance through the Dallas Hearing Foundation. Include a copy of the front and back of the insurance card.

Do you have Medicare or Medicaid? _____ If so, please be sure to include this information with your application along with a copy of the front and back of the card. Having Medicare or Medicaid does not affect your eligibility to receive assistance through the Dallas Hearing Foundation.

Who referred you to the Dallas Hearing Foundation? _____

Have you worked with DARS in the past? _____

Have you had a recent hearing test? _____ If so, please include this with your application.

Do you have an email address? If so, please include this here: _____

When you submit the application, please make sure you include **ALL** of the requested documents or your application will be returned.

You **MUST** include the completed application, a copy of your driver's license or ID card and verification of income. You must include your IRS tax returns for the last two years along with W-2's for the last two years. If there is anyone over 18 living in the house with the applicant, their income information must also be provided.

If applicant is on a fixed income, a copy of a statement from Social Security or the source of the income is required. This can be an end of year statement, but we will need one for the last two years. All income must be included with the application.

If you have a question about the application, please contact Jennifer Clark at 972-424-7711 or jennifer.clark@dallashearingfoundation.org.