

ANNUAL SPEECH/HEARING SUMMARY

Please complete and return this report on or before APRIL 1st

Mail to: District Hearing & Speech Chair

LIONS/ LIONS CLUB OF _____
NAME, ADDRESS, _____
TELEPHONE NUMBER OF _____
CLUB CHAIR _____

DISTRICT ACTIVITY	NUMBER OF PEOPLE SERVED	FUNDS EXPENDED IF ANY
Lions Hearing or Speech Foundation	_____	_____
Hearing Screening	_____	_____
Speech Therapy	_____	_____
Temporal Bone Banks	_____	_____
Supported Ear Research	_____	_____
Medical Surgical Assistance	_____	_____
Used Hearing Aid Bank	_____	_____
Donated Equipment to Medical Facility	_____	_____
Educational Assistance to Schools for Hearing-Impaired	_____	_____
TTYITDD (teletypewriter)	_____	_____
Interpretation Services for the Deaf	_____	_____
TeleCaption TV Adapters	_____	_____
Social and Recreational Services	_____	_____
Write in activities not listed	_____	_____
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Lions Hearing or Speech Foundation _____
If your club supported a Lions Hearing or Speech _____
Foundation, give complete address and telephone _____
number. _____

Hearing Screening
Category of screening: Preschool _____ Age 6-18 _____ 18 years or older _____
Does your club support a Lions hearing screening mobile unit? Yes _____ No _____

Lion Supported Temporal Bone Bank _____
Complete address and telephone number _____

Supported Ear Research
What type? _____ If in conjunction with a major medical center, please name
the center: _____ Address: _____

Donated Equipment to Medical Facility/School
Name of medical facility/school _____
What type of equipment was donated? _____

Educational Assistance or Scholarships
Type of assistance: \$ _____
Any additional information

