Clark County Lions Hearing Foundation
% 8317 E Mill Plain Blvd
Vancouver, WA 98664

Dear Lions Hearing Candidate,

PLEASE KEEP THIS FOP YOUR RECORDS
Thank you for your interest in the Clark County Lions Hearing Foundation, developed by the Lions Clubs of Clark County. It is a funding source of last resort, intended for the needy residents of Clark County. Enclosed is additional information including a form for you to complete. Please fax 360-690-0043 or mail the completed form to 8317 E Mill Plain Blvd, Vancouver, WA 98664 with the required documentation to verify that you are eligible and which program you qualify for (see income chart on reverse). The committee meets the first Tuesday of each month. Applications received by the last day of the month will be reviewed at that meeting. Three assistance programs are available depending upon your family size, total household income and your length of residency in Clark County.

1) **Program One** – Open to residents of Clark County of at least one year with a total family income equal to or less than 100% of the Federal Poverty Guideline (FPG) and a moderate or worse hearing loss. This program provides one hearing device at a co-pay of $25.00. Children under the age of 18, or those whose employment requires communication or are actively seeking employment may be authorized for a second device at the discretion of the foundation. A second hearing aid may be purchased at Lions cost of $475.00 only at the time of initial order.
2) **Program Two** – Open to residents of Clark County of at least 90 days with a total family income equal to or less than 150% of the FPG. This program provides one hearing aid at a co-pay of $225.00. A second hearing aid may be purchased at Lions cost of $475.00 only at the time of initial order.
3) **Program Three** – Open to any person with a total family income equal to or less than 200% of the FPG. The Co-pay is $475.00 per device

Program One, Two and Three are funded by the local Clark County Lions clubs on a first come first served basis as funds are available. The recipient has a choice of Starkey Destiny 200 Behind-The-Ear (BTE) or In-The-Ear (ITE) hearing aids. ITC or CIC hearing aids are not available. All programs include (1)-Impressions (2)-Fitting (3)-Ear-mold(s) (4)-Digital hearing aid(s) from a contracted manufacturer (5)-One post-fit appointment. The Hearing Care Provider will help you understand which hearing aid best suits your needs. Additional follow up appoints may be subjected to office charges on a case by case basis as determined by your provider. Providers may charge a fee for any credit card processing merchant discounts they incur.

ALL REQUESTS MUST BE ACCOMPANIED BY A SIGNED HEARING EXAM (AUDIOGRAM), INCOME VERIFICATION AND A PICTURE ID. APPLICATIONS SUBMITTED WITHOUT THE NECESSARY DOCUMENTS MAY RESULT IN LENGTHY DELAYS

RETAIN THIS PAGE FOR YOUR RECORDS

This chart will help you determine program eligibility. To use the chart locate the number of people in your immediate family (children and adults) - follow the size of your family across to your total income from all sources. This column is the program you qualify for financially.

Example: a disabled person living in a home with 4 family members receiving $425.00 a month in disability with one working person earning $1000.00 per month and receiving $300.00 per month child support has a total monthly income of $1,725.00. That person would qualify for 1 hearing aid at $25.00 and a second hearing aid if they choose to order it at the same time for $475.00.

Income Qualification Chart

Family Size	Program 1 $25 Co-Pay (FPG)		Program 2 (150% FPG) $225 Co-Pay		Program 3 (200% FPG) $475 Co-Pay	
	Monthly	Annual	**Monthly**	Annual	Monthly	Annual
1	$908	$10,890	**$1,361**	$16,335	$1,815	$21,780
2	$1,226	$14,710	**$1,839**	$22,065	$2,452	$29,420
3	$1,5244	$18,530	**$2,316**	$27,795	$3,088	$37,060
4	**$1,862**	**$22,350**	**$2,794**	$33,525	$3,725	$44,700
5	$2,181	$26,170	$3,271	$39,255	$4,362	$52,340
6	$2,500	$29,990	$3749	$44,985	$4,998	$59,980
More per person	$318	$3,820	$477	$5,730	$637	$7,640

To apply:

1. Complete the 1st and 2nd page of the enclosed form, sign page 2, send it with a copy of your.
2. Complete and signed Audiogram
3. Copy of Government Issued ID (driver license or ID card) and
4. Proof of income. (i.e. a copy of your most recent 1040 income tax return, or a recent pay stub or a copy of your social security beneficiary letter; include all retirement or investment income.
5. FAX pages 1 and 2, audiogram, copy of Government issued ID, and proof of income to:

360-690-0043 or mail to:

Clark County Lions Hearing Foundation
% 8317 E Mill Plain Blvd
Vancouver, WA 98664

DOWN FORMS LOAD AT
http://fortvancouverlions.org/pdf/hearing.pdf

All information will be kept in strict confidence.

You will receive a copy of the form once a decision on your application is made. On the bottom of page 1 you will find which program, if any, you are approved for. You will be responsible to contact the listed provider for further action. Bring a copy of that approval to your appointment. The provider must have the voucher number from the form to be reimbursed for their services. Any applicable fees will need to be paid directly to the provider's office at the time of your appointment. All orders for a second device must be placed at the same time as the initial order; all approvals are good for 90 days after which a new application must be submitted.

ALL REQUESTS MUST BE ACCOMPANIED BY COPIES OF COMPLETE SIGNED HEARING EXAM (AUDIOGRAM), GOVERNMENT ISSUED ID & PROOF OF INCOME.

RETAIN THIS PAGE FOR YOUR RECORDS

USE THIS FORM FOR PROGRAM ONE, TWO, OR THREE

We Serve

Clark County Lions Hearing Program Application Form

Complete page 1 and page 2, send it with a copy of Audiogram, ID & proof of income to:

Clark County Lions Hearing Foundation
% 8317 E Mill Plain Blvd
Vancouver, WA 98664
Or Fax to 360-690-0043

Patient Information: Print Clearly This will be used to Mail Your Response:

Full Name: (Please print) ______________________ Date of Birth ______________

Street Address ______________________ Phone # ______________

City ______________, State ______ Zip Code ______ FAX # ______________

E-mail: ____

Clark County Resident: _____Years _____Months Male____________ Female__________
Required

Hearing Care Provider Information *Optional* Please complete this section if:
Option 1: If you wish to be referred back to your Clark County Lions Hearing Care Provider
Option 2: Because of the special pricing arrangements the Clark County Lions has with the manufacturer and providers not all area providers are willing or able to participate with the Lions.
If you would like Clark County Lions to contact your Hearing Care Provider regarding participation in the program list them below. If your provider is unable to participate the Lions will assign you a provider.
Please note that by completing this section you are granting the Clark County Lions Hearing Foundation and permission to use your name as a Lions participant when contacting the provider entered below.

Clinic Name: (Please print) ______________________ Phone # ______________

Street Address ______________________ FAX # ______________

City ______________ State ______ Zip Code ______

******Do not write in this box - For Clark County Lions Foundation Use Only******

Approved ____________ Hearing Aid **Program One** Applicant responsibility $25.00 to be paid to the provider.

Approved ____________ Hearing Aid **Program Two** Applicant responsibility $225.00 to be paid to the provider.

Approved ___________ Hearing Aid **Program Three** Applicant responsibility $475.00 per device $225.00 to be paid to provider, $250.00 to be reimbursed to the Clark County Lions Hearing Foundation.

Application denied for following reason______________________________________

Application on hold for following reason______________________________________

Hearing Care Provider______________________________________

Authorization (required)______________________________ Voucher #________________

Clark County Lions Programs One, Two or Three

Additional Information (Circle either No or Yes)

Do you currently own or wear hearing aids? Yes if so how long___________ No

Do you have health insurance that covers hearing aids? Yes No

If "Yes", please enter the name of you insurance:____

Where did you learn about the Clark County Lions Hearing Program?________________________________

REQUIRED INFORMATION

Number of family members: (including yourself) ____________________

Total Monthly House Hold Income from all sources _______________________

Total Monthly House Hold Expenses______________________

Proof of Income for Candidate's Family Please mark appropriate document(s). Include a copy of one of the following proofs of income and when you send/fax your application back

☐ Income Tax Form or ☐ Social Security Beneficiary Letter or ☐ Pay Check Stub and ☐ Recent Bank Statement.

Certification of Total Income (Patient, legal guardian, or power of attorney please confirm and sign below)
By signing below, I agree to the following:
I certify that the included documentation of my income reflects my total household family income.
If I qualify, I will be responsible for paying the total costs associated with my hearing care. Depending on the program and hearing aid recommended by my hearing care provider, and other changing factors, The Clark County Lions fee for a hearing aid under Program One is $25.00 under Program Two is $225.00, Program Three is $475.00. I may also purchase a second hearing aid under all three programs for an additional $475.00 at the time of the initial order.

This cost covers the hearing care providers fitting fee, ear mold, a Starkey Destiny 200 ITE or BTE digital hearing aid, and one adjustment during the one year limited warranty period, additional office visits may incur additional charges collected directly by the provider. Patients who qualify for the Clark County Lions Hearing Foundation will be fit by their Clark County Lions Hearing Care Provider. Any returned hearing aids can be refunded if returned to the Hearing Care Provider in good condition before the end of the 30-day trial period less a fitting fee of $225.00 per device and the cost of ear-molds if any. After the initial one year warranty any costs for service will be the recipients responsibility, loss and damage protection is not available, but may be purchased separately, please ask your provider for details.

Name: (Please print)____

Signed: ____

Date: ____

NOTE: ALL APPLICATIONS MUST BE ACCOMPINED BY A HEARING EXAM (AUDIOGRAM) & RESIDENCY INFORMATION, ID, PROOF OF INCOME AND WILL NOT BE REVIEWED WITHOUT REQUIRED DOCUMENTATION

Care Giver Information: (Fill in only if candidate has difficulties communicating by phone.)

Full Name: (Please print ____

Relation to Candidate: ____

Address: ____

City: ____________________________________ State: _________ Zip code:____________________

Phone Number: (________) ________________________________Fax: (__________) ________________________________

E-mail: ____