



**We Serve**

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

Applications available at [www.fortvancouverlions.org](http://www.fortvancouverlions.org)

**PLEASE READ CAREFULLY & RETAIN THIS PAGE FOR FUTURE REFERENCE**

**WHAT CAN YOU TELL ME ABOUT ASSISTANCE FOR HEARING AIDS?** The Clark County Lions Hearing Committee (CCLHC) is funded by a partnership between the Northwest Lions Foundation & 12 Lions Clubs in Clark County. The Committee is secondary to medical insurance coverage and source of last resort for assistance in obtaining hearing aid(s) and is intended for residents of Clark County Washington who meet certain income and residency requirements. A co-payment is required. The Committee provides devices as needed but not sooner than 5 years. The devices retail sales price is \$1250.00 each, CCLHC has arranged for special pricing and reduced provider fees. Enclosed you will find important information regarding eligibility criteria and an application.

**Applications must be complete or they will not be reviewed.**

**WHAT IS INCLUDED?** Approved applicants receive:

- 1) One or two Starkey Evolv 1000AI Receiver In the canal (RIC) style hearing aid(s) with Low Energy Bluetooth for streaming to Apple & some Android phones & comfort dome fitting
- 2) An initial fitting appointment and one post-fitting follow-up or adjustment visit,

**WHAT IS NOT INCLUDED?**

- 1) Custom In The Ear (ITE), In The Canal style (ITC, CIC), custom ear molds or any other make or model hearing aid are not provided through the CCLHC. If ordered they are the responsibility of the applicant and must be purchased separately through the provider.
- 2) Additional follow up / maintenance appointments may be subjected to office charges as determined by the provider, they may also charge for any credit card processing fees incurred.

**WHAT IS A COMPLETE APPLICATION?** Applications must include all 4 of the following documents

- 1) The attached two page application, all questions must be answered & the application signed
- 2) Complete Hearing Exam with both pure tone and speech results, it must signed by the provider
- 3) One form of approved income verification, see **HOW DO I APPLY?** for accepted types
- 4) Government issued photo identification

**WHEN WILL I BE NOTIFIED?** CCLHC officers meet the first Tuesday of each month to review completed applications that have been received by the last day of the previous month. You will receive a copy of page 1 of the application about two weeks after the meeting; please print your name and address clearly, the post office will not deliver difficult to read addresses.

**WHAT HAPPENS NEXT?** After receiving the approval in the mail:

- 1) Contact the listed provider to schedule an appointment for a fitting by their office. NOTE: Your provider may not participate in the program, in that case the committee will assign one to you.
- 2) Contact the CCLHC secretary's office at 360-690-4327 to arrange for delivery or to pick up the device(s).
- 3) Any applicable fitting co-payments and / or earmold fees will need to be paid directly to the provider's office at the time of your fitting appointment.
- 4) All approvals are good for 120 days, after which a new application must be submitted.

**WHAT ARE THE INCOME & RESIDENCY REQUIREMENTS?** Three Lions assistance programs are available depending upon your length of residency in Clark County, family size, and total household income as listed on the eligibility chart below, each program has different requirements and co-payments.

**1) Program One** – Open to any resident of Clark County of at least one year with an immediate family income equal to or less than 133% of the Federal Poverty Guideline (FPG) and a moderate (35dB average or worse) hearing loss. This program provides one or two Starkey Evolv 1000 RIC style hearing aids for a co-payment of \$50.00. Ear molds are not provided under the program.

**2) Program Two** – Open to any resident of Clark County of at least 90 days with an immediate family income equal to or less than 200% of the FPG. This program provides one or two Evolv 1000 RIC for a required co-payment of \$200 per hearing aid. Ear Molds are not provided under the program.

**3) Program Three** – Open to any resident of Clark County with an immediate family income equal to or less than 250% of the FPG. This program provides one or two Evolv 1000 RIC with a required Co-payment is \$250.00 per hearing aid. Ear molds are not provided under the program.

**WHAT ARE THE INCOME LEVELS FOR EACH PROGRAM?** This chart will help you determine program eligibility. To use it, locate the number of people in your immediate family, for extended families only the applicants and or spouses income applies - follow the family size across to your total net income from all sources. This column is the program you qualify for.

### Income Eligibility Chart

Family Size	Program 1 (133% 2025 FPG) Co-Payment \$50		Program 2 (200% 2025 FPG) Co-Payment \$200 for 1 aid \$400 for 2		Program 3 (250% 2025 FPG) Co-Payment\$250 for 1 aid \$500 for 2	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	1,673	20,075	2,595	31,120	3,250	38,900
2	2,345	28,130	3,535	42,300	4,406	52,875
3	2,755	33,064	4,440	53,300	5,550	66,625
4	3,620	43,425	5,440	65,300	6,800	81,625
5	4,175	50,075	6,275	75,300	7,845	94,125
6	4,782	57,390	7,192	86,300	8,990	107,875
More per person	740	7,315	915	11,000	1,150	13,750

**HOW DO I APPLY?** Your application will be shared only with members of the CCLHC and will be kept in strict confidence, please black out any social security or account numbers on all documents.

- 1) Complete the two page attached application, sign page 2, send it with a copy of your:
- 2) Audiogram, which include pure tone and speech measurements, it must signed by the provider
- 3) Proof of income; any one of the following, a copy of your social security beneficiary letter, most recent 1040 income tax return, a recent pay stub, or bank statement; include all retirement income
- 4) Copy of a government issued photo ID

Return completed application, audiogram, proof of income and copy of a government photo ID to:

Clark County Lions Hearing Committee Secretary  
% 8317 E Mill Plain Blvd  
Vancouver, WA 98664  
Fax 360-690-0043

Applications can be downloaded from [www.fortvancouverlions.org](http://www.fortvancouverlions.org)



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USE THIS FORM FOR PROGRAM ONE, TWO, OR THREE

# Clark County Lions Hearing Program Application Form

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

**Clark County Lions Hearing Committee (CCLHC)**

**% 8317 E Mill Plain Blvd**

**Vancouver, WA 98664**

**Or Fax to 360-690-0043**

**Applicant Information:** Please print clearly; this will be used to mail your response:

Full Name: (Please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Phone # \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail: \_\_\_\_\_

Clark County Continuous Residency \_\_\_\_\_ Years \_\_\_\_\_ Months

**Hearing Care Provider Information:** *Optional:*

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.

Please complete this section if you wish to be referred back to your Hearing Care Provider if left blank a provider will be assigned to you

Clinic Name: (Please print) \_\_\_\_\_

Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

FAX # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**\*\*\*\*Clark County Lions Hearing Committee Use Only\*\*\*\***

**Approved for one or two Hearing Aids Program One;** Applicant responsibility is \$50.00 to be paid to the provider.

**Approved for one or two Hearing Aids Program Two;** Applicant responsibility is \$200 per hearing aid to be paid to the provider at the time of fitting appointment.

**Approved for one or two Hearing Aids Program Three;** Applicant responsibility is \$250.00 per hearing aid to be paid to the provider at the time of fitting.

Upon approval, applicant should schedule a fitting appointment with the provider listed above. Then contact the Lions secretary's office at 360-690-4327, notify the secretary if you want one or two devices, a Photo ID is required for release. The Co-Pay listed above is paid to provider at the time of fitting

Authorization \_\_\_\_\_ Voucher # \_\_\_\_\_

Application denied for following reason \_\_\_\_\_

**Page 2**  
**Clark County Lions Hearing Committee Programs One, Two or Three**

**REQUIRED INFORMATION**

Number of immediate family members: (including yourself) \_\_\_\_\_

Total Monthly House Hold Income from all sources \_\_\_\_\_

- Application
- Complete Audiogram
- Proof of Income
- Photo ID

**Additional Information;** Medicaid (AppleCare) Covers one hearing aid for adults. The Clark County Lions will provide the provider with one hearing aid at a reduced fitting free from the committee. Not all providers participate in the program.

Do you have Apple Care (Medicaid) Insurance?      NO      YES (If YES Please Include Copy of your Insurance Card)

Does your provider accept Medicaid?      NO      YES

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

Have you ever received hearing aid(s) from the Lions?    NO      YES      if so when? \_\_\_\_\_

**Certification of Total Income** (Patient, legal guardian, or power of attorney please confirm and sign below)

I agree to the following:

I certify that the included documentation of my income reflects my immediate family household income. If I qualify, I will be responsible for paying the total costs associated with my hearing care, depending on the program, including hearing aids co-payment and earmolds if recommended by my hearing care provider. The Clark County Lions Co-payment for hearing aids under Program One is \$50.00, Program Two is \$200.00 per device, and Program Three is \$250.00 per device.

This includes one or two Starkey Evolv 1000 RIC style hearing aids, the hearing care providers fitting fee, and one adjustment during the one year limited warranty period on parts and labor. Additional office visits may incur additional charges collected directly by the provider. Patients who qualify for the Clark County Lions Hearing Committee will be fit by their contracted Clark County Lions Hearing Care Provider. Hearing aids may be returned for a refund to the Hearing Care Provider if in it's original condition before the end of the 30-day rescission period, less a fitting fee of \$400.00 and the cost of earmolds if any. After the initial one-year warranty, any costs for repairs or services will be the recipient's responsibility, loss and damage protection is not included, but may be purchased separately. Please ask your provider for details.

**ALL APPLICATIONS MUST BE ACCOMPINED BY PROOF OF INCOME, PHOTO ID and HEARING EXAM (AUDIOGRAM) signed by the provider.**

**\*APPLICATIONS WITHOUT REQUIRED INFORMATION WILL NOT BE ACCEPTED OR REVIEWED**

**Name: (Please print)** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact Information:** (Fill in if candidate has difficulties communicating in English by phone.)

Full Name: (Please print) \_\_\_\_\_

Relation to Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_