



MASSACHUSETTS LIONS DISTRICT 33-S HEARING FOUNDATION, INC. AUDIOLOGY SERVICE PROGRAM APPLICATION



PROGRAM PURPOSE: To identify individuals residing within District 33-S who are in need of professional hearing evaluation, hearing aid evaluation and/or hearing aid and do not possess the means of paying for such services. When such a person is properly identified by the local Lions Club Hearing Committee Chairperson, Morton Hospital and Medical Center Inc. Speech, Hearing and Language Center and the Rehabilitation Hospital of Cape Cod and The Islands (RHCI) have agreed to provide these audiological services upon approval of the District 33-S Hearing Foundation Committee. Payments for all audiological services rendered is negotiated between District 33-S Hearing Foundation Inc., the local Lions Club and Morton Hospital Speech, Hearing and Language Center and RHCI.

INSTRUCTIONS: The Hearing Committee Chairperson of the local Lions Club should complete Parts 1 thru 6 of this application with the client who is requesting free audiological services through this program. The applicant should be low income as defined by 250% of the current Federal Poverty Guidelines. (<http://www.aspe.hhs.gov/poverty/08poverty.shtml>) This application must be completed, signed by the applicant (or parent or guardian) requesting services, the local Lions Club Hearing Foundation Chairperson and the Local Lions Club President.

Return this application with a local Club donation check for \$200 payable to "Lions District 33-S Hearing Foundation Inc. to: Lions 33-S Hearing Foundation Inc., Speech, Hearing & Language Center, 2007 Bay Street - Suite B-100, Taunton, Ma. 02780.

ALL CHILDREN should be fitted with NEW hearing aids as deemed appropriate by the audiologist. An additional donation from the local Lions Club will be negotiated with District 33-S Hearing Foundation for all children.

PLEASE BE AWARE THAT THE APPLICANT MUST HAVE MEDICAL CLEARANCE FOR HEARING AID USE FROM A PHYSICIAN IF A HEARING AID IS RECOMMENDED. **APPLICANT WOULD LIKE TO BE SEEN IN _____ TAUNTON OR IN _____ SANDWICH.**

Part - 1 - The _____ Lions Club voluntarily agree to participate and sponsor the undersigned applicant in the Massachusetts Lions District 33-S Hearing Aid Program.

Part - 2 - Name of Applicant _____ Date of birth _____

Address _____ City/Town _____ Zip _____ Phone _____

How did applicant learn of this program? _____

Part - 3 - Local Lions Hearing Committee Chairperson _____

Address _____ City/Town _____ Zip _____

Part - 4 - Local Lions Chairperson recommendations and/or instructions: _____

Part - 5 - Please answer all of the following insurance coverage questions which apply to the applicant:

___ No Insurance ___ Medicaid

PLEASE COMPLETE THE FOLLOWING:

Name of Insurance _____

Policy No. _____

Subscriber Name _____ Employed By: _____

MEDICARE: Name of Beneficiary _____ Claim No. _____ MEDEX No: _____

MEDICAID No: _____ City _____ Card Holder _____

Are you receiving any assistance from the Mass. Rehabilitation Commission (MRC) Yes ___ No ___

If yes, give names, addresses and phone no. of your office and counselor _____

Upon evaluation by the Morton Hospital Speech, Hearing & Language Center or RHCI, it may be found that you are eligible for partial or complete payment of audiology services by the Mass. Department of Public Health or the Free Care Program. Morton Hospital, Speech, Hearing & Language Center or RHCI reserves the right to investigate all possible sources of reimbursement indicated above and insure that all viable alternatives for reimbursement have been exhausted by you.

PLEASE NOTE: The Morton Hospital and Medical Center, Speech, Hearing & Language Center or RHCI under NO conditions supplies free hearing aids, earmolds, hearing aid batteries, hearing aid accessories or hearing aid repairs. Negotiations for the payment for such equipment or supplies is to be conducted between the Mass. Lions District 33-S Hearing Foundation Inc., the local Lions Club and the client.

Part 6 - INCOME VERIFICATION

Number living in household _____

MONTHLY GROSS INCOME (Income before Taxes/deductions)	MONTHLY EXPENSES (Monthly Average)
Salary of Candidate \$ _____	Rent/Mortgage \$ _____
Salary of Spouse \$ _____	Utilities \$ _____
Salary of Parent \$ _____	Food \$ _____
Social Security Benefits \$ _____	Phone \$ _____
Retirement Pension \$ _____	Medicine \$ _____
Income from Other Household family members	Car/Transportation \$ _____
Food Stamps \$ _____	Child Care \$ _____
Investments \$ _____	Home Insurance \$ _____
Other Income \$ _____	List Charge Cards \$ _____
\$ _____	\$ _____
\$ _____	\$ _____
Total Monthly Income \$ _____	Total Monthly Expenses \$ _____

All information on and attached to this application is true and correct to the best of my knowledge.

Applicant Signature (Parent/Guardian Signature if person is under 13)

LIONS CLUB MAY NOT HAVE CLIENT CONTRIBUTE TO COST OF THE APPLICATION OR SERVICES OBTAINED.

Signature of Local Club Hearing Chairperson _____ Date _____

Signature of Local Club President _____ Date _____

Part - 7 - REPORT OF THE DISTRICT 33-S HEARING COMMITTEE:

Date Received _____ By _____ Date of Committee meeting _____

_____ Approved _____ Conditional Acceptance Disposition _____

_____ Disapproved (Reason) _____

Signature of Lions District 33-S Hearing Committee President _____ Date _____