



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

We Serve

Dear Lions Hearing Candidate,

**PLEASE READ CAREFULLY & RETAIN FOR FUTURE REFERENCE:**

Thank you for your interest in the Clark County Lions Hearing Foundation, funded solely by the Lions Clubs of Clark County, the foundation is a source of last resort and intended only for hearing-impaired low-income residents of Clark County Washington. Enclosed is important information regarding the foundations eligibility criteria including an application for assistance. Fax both pages of the completed application to 360-690-0043 or mail it to 8317 E Mill Plain Blvd, Vancouver, WA 98664 **with the required documentation, incomplete applications will not be reviewed.** The committee meets the first Tuesday of each month, complete applications received by the last day of the prior month will be reviewed at that meeting. Three assistance programs are available depending upon family size, total household income and length of residency in Clark County (refer to the eligibility chart on reverse for income limits).

- 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 (35dB average or worse) hearing loss. This program provides one Starkey Aries-Pro Behind The Ear style hearing aid for a co-pay of \$50.00. Ear Molds are not provided under the program. Persons under the age of 18, or whose employment requires communication or are actively seeking employment may be authorized for a second device at the discretion of the foundation.
- 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 and a moderate or worse hearing loss. This program provides one Aries-Pro BTE for a required for a co-pay of \$250.00. Ear Molds are not provided under the program.
- 3) **Program Three** – Open to any resident of Clark County with a total family income equal to or less than 200% of the FPG. The Co-pay is \$500.00 per device. Earmold(s) if any must be purchased separately from the provider.

A second hearing aid may be requested under all three programs at the Lions cost of \$500.00 only at the time of initial order 2<sup>nd</sup> side will be filled depending on availability. Earmold(s) if any must be purchased separately from the provider

Approved recipients receive:

- (1) A Starkey Aries Pro Behind the Ear style hearing aid with a thin tube bud fit.
- (2) Initial fitting appointment and one post-fitting follow-up or adjustment visit.
- (3) Earmolds if any must be purchased from the providers office at their normal rate.

All three programs are funded by the local Clark County Lions clubs on a first come first served basis, as funds are available. Custom hearing aids are NOT AVAILABLE.

Without exception ear molds are not provided through the Clark County Lions Hearing Foundation and if ordered are the responsibility of the recipient and must be purchased separately through the provider.

Additional follow up appointments may be subjected to office charges on a case-by-case basis as determined by the provider.

Providers may charge for any credit card processing merchant fees they incur.

This chart will help you determine program eligibility. To use the chart locate the number of people in your immediate family (adults and children age 22 and younger) - follow the family size across to your total net income from all sources. This column is the program you financially qualify for.

**Example:** A person living with 2 other family members receiving \$325.00 a month in disability with one working person taking home \$1000.00 per month and receiving \$290.00 per month child support has a total monthly income of \$1,615.00. That person would be eligible for 1 hearing aid at \$50.00 and a second hearing aid if they request to order it at the same time for \$500.00 depending on availability.

### Income Eligibility Chart

Family Size	Program 1 (100% FPG) \$50 Co-Pay		Program 2 (150% FPG) \$250 Co-Pay		Program 3 (200% FPG) \$500 Co-Pay	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	\$990	\$11,880	\$1,485	\$17,820	\$1,980	\$23,760
2	\$1,335	\$16,020	\$2,025	\$24,030	\$2,670	\$32,040
3	\$1,680	\$20,160	\$2,520	\$30,240	\$3,360	\$40,320
4	\$2,025	\$24,300	\$3,037	\$36,450	\$4,050	\$48,600
5	\$2,370	\$28,440	\$3,555	\$42,660	\$4,740	\$56,880
6	\$2,715	\$32,580	\$4,072	\$48,870	\$5,430	\$65,160
More per person	\$345	\$4,140	\$517	\$6,210	\$690	\$8,280

To apply:

Complete the 1<sup>st</sup> and 2<sup>nd</sup> page of the attached application, sign page 2, send it with a copy of your:

1. Complete and signed Audiogram, which includes pure tone and speech measurements.
2. Copy of a Government Issued ID (driver license or ID card).
3. 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.
4. FAX application, audiogram, copy of Government photo 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 AVAILABLE AT [www.fortvancouverlions.org](http://www.fortvancouverlions.org)

Information will shared only with members of the foundation and will be kept in strict confidence. You will receive a copy of page 1 once a decision on your application is made. On the bottom you will find which program, 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 co-pay and earmold 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 A SIGNED HEARING EXAM (AUDIOGRAM),  
INCOME VERIFICATION AND PHOTO ID. APPLICATIONS SUBMITTED WITHOUT THE  
NECESSARY DOCUMENTS MAY RESULT IN LENGTHY DELAYS RETAIN THES  
INSTRUCTIONS FOR YOUR RECORDS**

Additional sources of assistance include the Hear Now program from Starkey Hearing Foundation <http://www.starkeyhearingfoundation.org/hear-now.php> and Audient <http://www.audientalliance.org/>

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, ID & proof of income to:

**Clark County Lions Hearing Foundation**

**% 8317 E Mill Plain Blvd**

**Vancouver, WA 98664**

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



**We Serve**

## 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 for \_\_\_\_\_ Hearing Aid **Program One** Applicant responsibility \$50.00 to be paid to the provider.

Approved for \_\_\_\_\_ Hearing Aid **Program Two** Applicant responsibility \$250.00 to be paid to the provider.

Approved for \_\_\_\_\_ Hearing Aid **Program Three** Applicant responsibility \$500.00 per device \$250.00 to be reimbursed to the Clark County Lions Hearing Foundation, \$250.00 plus earmold(s) to be paid to provider.

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

Application on hold for following reason \_\_\_\_\_

Hearing Care Provider \_\_\_\_\_

Authorization (required) \_\_\_\_\_ Voucher # \_\_\_\_\_

**Page 2**  
**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 or  Recent Bank Statement.I-20

**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, hearing aid and any earmolds recommended by my hearing care provider, and other changing factors, The Clark County Lions Co-pay for a hearing aid under Program One is \$50.00, Program Two is \$250.00, Program Three is \$500.00 plus earmold(s). I may also purchase a second hearing aid under all three programs for an additional \$500.00 plus earmold(s) at the time of the initial order.

This cost covers the hearing care providers fitting fee, a Starkey Aries-Pro digital hearing aid, 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 Foundation will be fit by their Clark County Lions Hearing Care Provider. Hearing aids can be returned for a refund to the Hearing Care Provider if in it's original condition before the end of the 30-day recession period, less a fitting fee of \$250.00 per device and the cost of earmolds if any.

After the initial one-year warranty any costs for repairs or services will be the recipients responsibility, loss and damage protection is not included, 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**

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