

Additional Information

Have you seen a financial counselor within the last six months? Yes No

If so, with whom? _____

Have you contacted anyone else for assistance within the last six months? Please specify:

Family Friends Churches Agencies

What steps are you taking to improve your present situation? _____

What is the name and phone number of your church? _____

Minister's name _____

Do you attend regularly? Yes No Since _____

How frequently? _____ Are you a member? Yes No

Who suggested you contact _____

Their relationship to you? _____ Phone: _____

Have you received assistance from us in the past? Yes No

When/what? _____

May we contact your friends at the church and/or your listed reference? Yes No

Do they know about your needs? Yes No

Are you disabled? Yes No

Do you have physical or emotional issues that hinder you from meeting your financial needs? Yes No

Explain: _____

Are you willing to participate in a self-help program? Yes No

References' names and phone numbers (other than relatives):

1. _____

2. _____

3. _____

I authorize _____ to verify all information provided.

Signature _____ Date _____

Printed name _____



We Serve



Lions Hearing Aid Bank Instructions

STEP 1: DECIDE TO SPONSOR A PATIENT

On our end, the only eligibility requirements are that the applicant is 1) a resident within the boundaries of MD19 or Montana and 2) financially unable to pay for his or her own hearing care through personal resources, health insurance, government assistance, or other social services.

We do ask that each club income qualify patients and provide our foundation with a copy of the information used in the screening process. We as a foundation have no standard method for income qualifying individuals and leave that to your Club's discretion. *However, we do recommend that each club consider individuals at or below 125% of the Federal Poverty Level* (see attached sheet). We understand that many extenuating circumstances exist, so the Federal Poverty Level is simply a guideline. In cases where an individual falls above our recommended guidelines please include a brief statement regarding why your club is still considering them for sponsorship. This should be no longer than 1 page.

STEP 2: TALK TO THE SERVICE PROVIDER

The starting point here will vary. In some cases, an applicant will already have a hearing care provider. In others, the applicant will need your help in identifying where to turn.

If the patient already has a hearing care provider, please contact that person to find out how much their fees will be and if they can discount them.

If the patient does not have a hearing care provider, feel free to call us for advice or recommend someone you already trust (i.e. your hearing care provider or someone a club member has seen). We encourage you to seek out local hearing professionals willing to discount their services. On average, the audiogram, ear molds, and fitting cost about \$200 to \$400. However, we are fortunate to work with many audiologists who discount their fees to \$200 and below.

Don't be afraid to introduce yourself and explain how the Hearing Aid Bank works. This is a contact that can benefit your Club on many levels. Make sure that all parties involved understand the Hearing Aid Bank process. Ask that all bills be sent to the Northwest Lions Foundation.

STEP 3: SUBMIT THE APPLICATION

Fax or mail a Hearing Aid Bank application to the Foundation *before* the patient is treated. Be sure to send a copy of the patients hearing test, also known as an audiogram (if applicable) and any information corresponding to your club's income qualification of the patient.

Once we receive and review the completed application, we will send you a confirmation letter. We will then forward the patient's application and audiogram to the UW Hearing Aid Bank interns, who will then contact the patient's provider. The Hearing Aid Bank will contact the hearing care provider to determine the type of hearing aid(s) that will best help the patient. The hearing aid(s) will either be a behind-the-ear (BTE) or in-the-ear (ITE)

model, and may have special features — e.g. the aid may be programmable or it may have extra power to help those with profound hearing loss.

STEP 4: BILLING & PAYMENT

Because the hearing aid(s) used in the program have been previously worn, they will generally need refurbishing. We send the hearing aid(s) to a company in Vancouver, WA called RJS for cleaning, re-casing, and, if necessary, repair. Some BTEs we receive are not in need of refurbishing and will not incur refurbishing fees, but most aids, ITE and BTE do need repairs. The cost of refurbishing varies, averaging \$160 per aid, and includes a 12-month warranty for repairs.

Once the patient is fit with the hearing aids provided, the hearing care provider will send the invoice(s) directly to the Northwest Lions Foundation. We will also receive the RJS invoice for refurbishing the hearing aids. Please, make sure the provider sends all invoices to the Northwest Lions Foundation after all services have been completed. (Some providers take longer than others to bill, so please follow-up as necessary to prompt them.)

We will pay both invoices in full and then bill your Club for half. You will receive one bill for ½ of the RJS refurbishing charges (when applicable) and another bill once we have received all of the provider charges.

Once we've received your payment, we'll send you a letter confirming that the patient's file has been closed.

Lions Hearing Aid Bank Income Qualification

Each patient should be income qualified by the sponsoring Lions Club. Patients who qualify for hearing aids from the Lions Hearing Aid Bank generally are those who fall at or below the Federal Poverty Level. Once the patient has been income qualified, the sponsoring Lions Club should send a completed Lions Hearing Aid Bank Application form and a copy of the patient's proof of income to the Northwest Lions Foundation for Sight & Hearing for final review and approval. The following guidelines are **based upon 125% of the Federal Poverty Levels.** There may be extenuating circumstances that you will face, and each patient is different. Again, this is a guide; however we do expect Lions Clubs to follow this guide as closely as is reasonably possible.

Hearing Aid Bank Income Qualification Guidelines Based on 125% of the 2008 Federal Poverty Guidelines		
Size of Family Unit	2008 Federal Poverty Level	125% 2008 Federal Poverty Level
1	\$10,400	\$13,000
2	\$14,000	\$17,500
For each additional person, add:	\$3,600	\$ 4,500

We recommend asking each patient for a minimal financial contribution. Experience indicates that when a needy patient has invested financially in the process of improving their health, they tend to have a greater level of satisfaction, and will continue to use the products they have received. The suggested amount is \$100 per patient. [Even the most indigent patient should be asked to contribute something toward the cost of their hearing aid, even if it is only \$10.]

Please call Northwest Lions Foundation at 1-800-847-5786 (206-682-8500) with any questions. Thank you!



Lions Hearing Aid Bank

Northwest Lions Foundation
221 Yale Ave. N., Ste. 450
Seattle, WA 98109

Phone: (206) 682-8500
Toll free: (800) 847-5786
Fax: (206) 682-8504
www.nlfoundation.org

Please submit this application, signed and completed, with a recent audiogram and the patient's proof of income, to the address or fax number above. Thank you!

Patient Information:

Full Name (Please print): _____

Address, City, State & Zip: _____

Telephone Number (contact person): _____ Age: _____ Male Female

Contact person: _____ Relation to patient: _____

Application Requesting: Refurbished Hearing Aids Hearing Aid Repair

Provider Information:

Please ask the provider that performed the hearing evaluation (audiogram) if they will also be doing the hearing aid fitting. If not, please include the Fitting Provider's information.

Current Provider: _____

Fitting Provider: _____

Clinic name: _____

Clinic name: _____

Address: _____

Address: _____

City, State & zip: _____

City, State & zip: _____

Phone number: _____

Phone number: _____

Fax number: _____

Fax number: _____

Club Information:

Contact Lion: _____ Club: _____

Address, city, state & zip: _____

Phone number: _____ Fax number: _____ E-mail address: _____

The Northwest Lions Foundation will pay half of the costs associated with any approved application! These include the cost of the audiogram, the hearing aid refurbishment, the ear molds, and the fitting. Be sure to inform the provider(s) that all invoices should be sent to the Northwest Lions Foundation. We will pay the full bill and invoice your club for half.

By signing below, we endorse this application and understand that the Northwest Lions Foundation presents this program as a service and that there is no implied or implicit guarantee on the products or services received.

Signature of Lions Club **President**

Date

Signature of Lions Club **Secretary**

Date