

The Lions Hearing Conservation Society of NYS Affordable Hearing Aid Program

Recipient Application Form

Please note: If you qualify for Medicaid, this Lions program is not available to you.

If you are a veteran, please contact the VA Healthcare System to determine VA eligibility

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APPLICANT: _____ Date of application: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____

Phone: _(____)_____ Email: _____

Applicant is: Employed at _____

Retired Unemployed Other _____

A student in grade _____ at _____ school

If applicant is a minor, complete the following 6 lines:

Parent or Guardian's name: _____

Address (if different) _____

Phone: _____ Email: _____

Employed at _____

Retired Unemployed Other _____

OTHERS IN HOUSEHOLD: ("Household" means all those financially dependent on each other.) List the names of those other than the ones above. If more room is needed, use another sheet of paper.

Name	Relationship to applicant	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you currently wear a hearing aid? Yes No If yes, why do you need a new hearing aid?

INSURANCE: List all health insurance policies, including Medicare, Medicaid, Child Health Plus, etc):

Name: _____ Policy #: _____

Name: _____ Policy #: _____

Other information we should know about your situation: _____

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TOTAL MONTHLY GROSS INCOME OF EVERYONE IN HOUSEHOLD AVERAGE MONTHLY HOUSEHOLD EXPENSES

("Gross" means total income before taxes or deductions)

Salaries	\$ _____	Rent or Mortgage	\$ _____
Social Security Benefits	\$ _____	Utilities, incl phone & cable TV	\$ _____
Pension (from where?)	\$ _____	Food	\$ _____
Food Stamps/SSI	\$ _____	Clothing	\$ _____
Investment Income	\$ _____	Medical, including prescriptions	\$ _____
Alimony, Child Support, etc	\$ _____	Car/Transportation	\$ _____
Other Income (explain)	\$ _____	Child Care	\$ _____
	\$ _____	Home or tenant insurance	\$ _____
		Car insurance	\$ _____
		Health insurance	\$ _____
		Life and other insurance	\$ _____
		Charge acct & credit card paymts	\$ _____
		Taxes	\$ _____
		Other (explain)	\$ _____
			\$ _____

TOTAL MONTHLY INCOME	\$ _____	TOTAL MONTHLY EXPENSES	\$ _____
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ASSETS: Do you own your own home? Yes No If YES, your total ANNUAL Property Taxes \$ _____

TOTAL VALUE OF ALL OTHER ASSETS (bank accounts, stocks & bonds, bank CDs, etc.) \$ _____

Applicant (or Parent/Guardian) Must Read and Sign This Statement:

I fully understand these services are limited to individuals unable to pay for or receive hearing aids from other sources of assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services so rendered. I am aware that a hearing aid billed to me prior to the approval of this application will not be paid for by this service.

I also understand my application may be reviewed by the Lions Club and hearing professionals.

These forms will be kept on file by the local Lions, the hearing-care professional and the LHCS. The documents will be kept confidential and not shared with third parties, such as insurance companies.

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 18*) **Date**

Witness Signature **Date**

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Audiologist's Report: Date: _____

Audiologist corporate name: _____

Address: _____

Phone: _____ Email: _____

Recommendations: Hearing aids req'd: One Two *See page 4 for approved Oticon models*

Oticon Model No: _____ Style: _____ Color: _____ Speaker: _____ Dome: _____

Other comments: _____

Printed name: _____ Signature: _____

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Return first three pages to:

Before using this form, each club should add its appropriate information here.

Oticon Model Selection List

Rev date: June 11, 2018

Products

Opn 3 miniRITE
Opn 3 miniRITE-T
Opn 3 Plus Power

Ria2 CIC & CIC Power
Ria2 Canal & Canal Power
Ria2 Half Shell & Half Shell Power
Ria2 Full Shell & Full Shell Power
Ria2 BTE
Ria2 miniBTE
Ria2 RITE
Ria2 miniRITE
Ria2 Power BTE
Ria2 Power Plus BTE

Dynamo SP4

Pediatric Products

Sensei BTE 312
Sensei BTE 13
Sensei RITE
Sensei SP BTE

FM Systems

Amigo T30 Transmitter
Amigo T5 Transmitter
Amigo R2, R7, R12
Amigo R5 Receiver
Amigo Arc
Amigo Star

Accessories

ConnectClip
ConnectLine Mic
ConnectLine Phone 2
ConnectLine TV Adaptor
Remote Control
Streamer Pro
Z-Power Rechargeable Kit