



**We Serve**

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

Dear Lions Hearing Candidate,

PLEASE KEEP THIS FOP YOUR RECORDS

Thank you for your interest in the Clark County Lions Hearing Committee, developed by the Lions Clubs of Clark County. It is a funding source of last resort, intended for the needy residents of Clark County. Enclosed is additional information including a form for you to complete. Please fax 360-690-0043 or mail the completed form to 8317 E Mill Plain Blvd, Vancouver, WA 98664 with the required documentation to verify that you are eligible and which program you qualify for (see income chart on reverse). The committee meets the first Tuesday of each month. Applications received by the first Monday will be reviewed at that meeting. Three assistance programs are available depending upon your family size, total household income and your length of residency in Clark County.

- 1) **Program One** – Open to residents of Clark County of at least one year with a total family income equal to or less than 125% of the Federal Poverty Guideline (FPG) and a moderate or worse hearing loss. This program provides one hearing device at a cost of \$25.00. Children under the age of 18, or those whose employment requires communication or are actively seeking employment may be authorized for a second device at the discretion of the committee. A second hearing aid may be purchased at Lions cost of \$425.00 only at the time of initial order.
- 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. This program provides one or two hearing aids at a cost of \$425.00 per device.
- 3) **Audient Program** – Administered by Epic for the Northwest Lions Sight & Hearing Foundation is open to any person with a total family income equal to or less than 250% of the FPG. The Audient fee for one hearing aid starts at \$760.00. Two purchased at the same time start at \$1290.00. This program includes up to three post-fit adjustments.

Program One and Program Two are funded by the local Clark County Lions clubs. The recipient has a choice of either Starkey Genesis DX Series non-adjustable digital In-The-Ear (ITE) or Destiny 200 adjustable digital Behind-The-Ear (BTE) hearing aids. All programs include (1)-Impressions (2)-Fitting (3)-Ear-mold(s) (4)-Digital hearing aid(s) from a contracted manufacturer (5)-At least one post-fit appointment. The Hearing Care Provider will help you understand which hearing aid best suits your needs.

Audient is administered by Epic for the Northwest Lions Sight & Hearing Foundation, CIC, ITC, ITE and BTE hearing devices are available from several contracted manufacturers. Any applicant that does not qualify for the either Program One or Program Two will be forwarded to Audient for processing unless otherwise requested.

**ALL REQUESTS MUST BE ACCOMPANIED BY A SIGNED HEARING EXAM  
(AUDIOGRAM) RETAIN THIS PAGE FOR YOUR RECORDS**

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

**Example:** a disabled person living in a home with 4 family members receiving \$425.00 a month in disability with one working person earning \$1550.00 per month and receiving \$300.00 per month child support has a total monthly income of \$2,275.00. That person would qualify for 1 hearing aid at \$25.00 and a second hearing aid if they choose to order it at the same time for \$425.00.

### Income Qualification Chart

Family Size	Federal Poverty Guideline (FPG)		Lions Services at No Charge (125% FPG)		Services at Lions Cost (150% FPG)		Audient (250% FPG)	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	\$902.50	\$10,830.00	<b>\$1,128.17</b>	\$13,538.00	\$1,353.75	\$16,245.00	\$2,263.75	\$27,165.00
2	\$1,214.17	\$14,570.00	<b>\$1,517.71</b>	\$18,213.00	\$1,821.25	\$21,855.00	\$3,036.00	\$36,425.00
3	\$1,525.83	\$18,310.00	<b>\$1,907.29</b>	\$22,887.50	\$2,288.75	\$27,465.00	\$3,814.58	\$45,775.00
<b>4</b>	<b>\$1,837.50</b>	<b>\$22,050.00</b>	<b>\$2,296.88</b>	\$27,562.50	\$2,756.25	\$33,075.00	\$4,593.75	\$55,125.00
5	\$2,149.17	\$25,790.00	\$2,686.46	\$32,237.50	\$3,223.75	\$38,685.00	\$5,372.92	\$64,475.00
6	\$2,460.83	\$29,530.00	\$3,076.04	\$36,912.50	\$3,691.25	\$44,295.00	\$6,152.08	\$73,825.00
More per person	\$311.67	\$3,740.00	\$389.58	\$4,675.00	\$467.50	\$5,610.00	\$779.17	\$9,350.00

To apply:

1. Complete the first page 1 of the enclosed form.
2. Complete and sign page 2, send it with a copy of your
3. Complete and signed Audiogram and
4. 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. All information will be kept in strict confidence.

5. FAX pages 1 and 2, audiogram, and proof of income to 360-690-0043 or mail to:

Clark County Lions Hearing Committee  
 % 8317 E Mill Plain Blvd  
 Vancouver, WA 98664  
 DOWN FORMS LOAD AT

<http://fortvancouverlions.org/hearing.pdf>

6. Audient qualified recipient's please forward Audient Program Application Form directly to Audient.

You will receive a copy of the form once a decision on your application is made. On the bottom of page 1 you will find which program, if any, 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 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 COMPLETE SIGNED HEARING EXAM (AUDIOGRAM) RETAIN THIS PAGE FOR YOUR RECORDS**

**USE THIS FORM FOR PROGRAM ONE or PROGRAM TWO**



**We Serve**

# Clark County Lions Hearing Program Application Form

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

**Clark County Lions Hearing Committee**

**% 8317 E Mill Plain Blvd**

**Vancouver, WA 98664**

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

## 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  
Required

Male \_\_\_\_\_ Female \_\_\_\_\_

## 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 Committee and or AUDIENT permission to use your name as a Lions / AUDIENT 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 Use Only\*\*\*\*

Approved \_\_\_\_\_ Hearing Aid **Program One** Applicant responsibility \$25.00 per device to be paid to provider.

Approved \_\_\_\_\_ Hearing Aid **Program Two** Applicant responsibility \$425.00 per device to be paid to provider.

Denied \_\_\_\_\_ Application Referred to Audient Program (Complete enclosed application Fax to 206-838-7195)

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

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

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

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

**Page 2**  
**Clark County Lions Programs One or Two**

**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?      Yes      No  
If "Yes", please enter the type or name of 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 and  Recent Bank Statement.

**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 and hearing aid recommended by my hearing care provider, and other changing factors, The Clark County Lions fee per hearing aid under Program One is \$25.00 under the Program Two is \$425.00 per device. This cost covers the hearing care providers fitting fee, ear mold(s), Starkey ITE non-adjustable (Genesis DX) or BTE adjustable (Divinci PSP) digital hearing aids, and one adjustment during the one year limited warranty period, additional office visits may incur additional charges collected directly by the provider. The one year limited warranty period covers damage and one time loss. A payment of a \$300.00 processing fee for each replacement hearing aid will be my responsibility. Additionally, I agree to be responsible for any provider related expenses pertaining to dispensing the replacement hearing aids. Those expenses, if any, will be paid directly to the provider.

Patients who qualify for the Clark County Lions Program will be fitted by their Clark County Lions Hearing Care Provider. Any returned hearing aids can be refunded if returned to the Hearing Care Provider in good condition before the end of the 30-day trial period less a fitting fee of \$225.00 per device and the cost of ear-molds if any.

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

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

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

**NOTE: ALL APPLICATIONS MUST BE ACCOMPINED BY A HEARING EXAM (AUDIOGRAM) & RESIDENCY INFORMATION AND WILL NOT BE PROCESSED WITHOUT REQUIRED INFORMATION**

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

