



## **LIONS LEND AN EAR FOUNDATION**

### **2018 APPLICATION**

**VALID THROUGH December 31, 2018**



***“The lack of vision cuts me off from things; the lack of hearing cuts me off from people.”***

***~Helen Keller***

**LIONS LEND AN EAR FOUNDATION is a 501(c)(3) non-profit organization**



Dear Applicant,

Thank you for contacting the Lions Lend An Ear Foundation. Our foundation provides hearing aids to those who, for financial reasons, cannot afford them or cannot gain access to them through insurance companies. Each application will be reviewed to ensure the Foundation requirements are met. Only those that fall within the guidelines for income, assets and hearing loss can be considered for assistance.

Funding to our foundation comes through donations, grants and other such public support. Therefore, our guidelines will be closely followed to benefit as many people as possible. Once your application is reviewed, a Lions Lend An Ear Foundation representative will contact you.

Thank you and please feel free to contact us if you have any questions.

Janet Mahabir  
Debbie Meyfohrt  
Co-Chairs

**Lions Lend An Ear Foundation**  
**P.O. Box 20662**  
**Floral Park, NY 11002-0662**  
**Email us at: [lionslae@gmail.com](mailto:lionslae@gmail.com)**  
**[www.LAENY.ORG](http://www.LAENY.ORG)**

**You can find us on Facebook @ Lions Lend An Ear Foundation**  
**We reserve the right to change eligibility criteria without prior written notice**



### **APPLICATION INFORMATION**

Applicants must be residents of Nassau County or Bermuda.

Income is based on your NET income. Net income refers to the actual amount you receive yearly, regardless of the source.

<b><u># OF PERSONS IN YOUR FAMILY</u></b>	<b><u>YEARLY INCOME SHOULD NOT EXCEED</u></b>
1	\$23,123
2	\$30,425
3	\$38,944
4	\$46,854
5	\$54,765
6	\$63,284
7	\$71,194
8	\$79,105
Each additional person add	\$ 4,868

In determining eligibility, the following is considered: all available funds, assets and hearing loss. Also taken into consideration is number of dependents living in household and sources of income from the following:

- Social Security and SSI
- VA Pension
- Child Support
- Public Assistance
- Alimony
- Welfare
- Wages
- AFDC
- Disability
- Work Pension
- IRAs, 401(k)

Assets include, but are not limited to:

- Checking/Savings accounts
- Money Market
- Annuities
- CD Accounts
- Home Equity Loan
- IRAs, 401(k)



**GENERAL INFORMATION**

Please print clearly

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

Applicant's name (person who will receive hearing aids):

**First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_ **Single** \_\_\_\_\_ **Divorced** \_\_\_\_\_ **Widowed** \_\_\_\_\_ **Separated** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **APT#** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone#:** \_\_\_\_\_ **Cell Phone#:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

If applicant is a minor: Parent/Guardian's Name:

**First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Income:** If applicant is a minor, include parents/guardian's combined income information. If applicant is married, include spouse's income as well.

Is applicant a Medicaid recipient? Yes \_\_\_\_\_ No \_\_\_\_\_ **Primary Insurance:** \_\_\_\_\_

**Income and Asset Verification:**

Please attach:

1. Latest Federal Tax Return
2. Current bank and brokerage statements

Employment status of Applicant and/or Parents/Guardians:

Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Retired \_\_\_\_\_

Name of current Employer: \_\_\_\_\_

Phone# of Employer \_\_\_\_\_ How long employed there? \_\_\_\_\_



**RELEASE INFORMATION**

I understand all of the information I have submitted to Lions Lend An Ear Foundation on this application is subject to verification by the Foundation and/or their representatives. This verification will be done by phone, letter, email or credit check. I acknowledge that if I knowingly omit or submit false information, I will immediately be denied any assistance from The Lions Lend An Ear Foundation.

Applicants Name \_\_\_\_\_

Parents/Guardians Name if Applicant is a Minor \_\_\_\_\_

Applicants Date of Birth \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Parents/Guardians Signature if Applicant is a minor \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_



**MEDICAL/AUDIOLOGICAL INFORMATION**

To be completed by the provider fitting hearing aids for applicant

Please attach any hearing testing applicable to patients request for hearing aids

Patient Name \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Is patient currently wearing hearing aids: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is make/model of aids \_\_\_\_\_

How old are they? \_\_\_\_\_

Number of aids requested \_\_\_\_\_ if fitting only one ear, which ear? \_\_\_\_\_

What devices are you recommending? \_\_\_\_\_

Please state 2 manufacturers and models you would suggest: \_\_\_\_\_

\_\_\_\_\_

I agree to provide services in accordance with state/federal guidelines. I understand that medical professionals that receive aids from Lions Lend an Ear Foundation must provide the aids to the appropriate approved patient. Charges related to the initial hearing evaluation assessments are patient's responsibility.

Name of licensed audiologist \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Email Address: \_\_\_\_\_

State License/Registration # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_



**MEDICAL CLEARANCE FOR HEARING AID USE**

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

Patient Name (please print) \_\_\_\_\_

The patient named above has been medically examined and may be considered a candidate for hearing aid use.

Physician Name (please print): \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_