



We Serve

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

PLEASE READ CAREFULLY & RETAIN FOR FUTURE REFERENCE

WHAT CAN YOU TELL ME ABOUT ASSISTANCE FOR HEARING AIDS? The Clark County Lions Hearing Foundation (CCLHF) is funded by a partnership between the Northwest Lions Foundation & the 13 Lions Clubs of Clark County. The Foundation is a source of last resort for assistance in obtaining hearing aid(s) and is intended for residents of Clark County Washington who meet certain income and residency requirements. Our funding is limited and a co-payment is required for each device. The Foundation provides device(s) once in a lifetime. It has arranged for special pricing and reduced provider fees, but the cost to the Foundation still comes to \$500.00 each. The devices normal sales price is \$1250.00 a savings of \$700.00. Enclosed you will find important information regarding eligibility criteria and an application. **Only complete applications will be reviewed.**

WHAT IS INCLUDED? Approved applicants receive:

- 1) A Starkey Aries Pro Behind the Ear (BTE) style hearing aid(s) with a thin tube & bud fitting
- 2) An initial fitting appointment and one post-fitting follow-up or adjustment visit

WHAT IS NOT INCLUDED?

- 1) Custom In The Ear, In The Canal style, custom BTE ear molds or any other make or model hearing aid are not provided through the CCLHF. If ordered they are the responsibility of the applicant and must be purchased separately through the provider
- 2) Additional follow up / maintenance appointments may be subjected to office charges as determined by the provider, they may also charge for any credit card processing fees* incurred

WHAT IS A COMPLETE APPLICATION? Applications must include all 4 of these documents:

- 1) The attached two page application, all questions must be answered & the application signed
- 2) Complete Hearing Exam with both pure tone and speech results & signed by the provider
- 3) One form of approved income verification, see **HOW DO I APPLY?** for accepted types
- 4) Government issued photo identification

WHEN WILL I BE NOTIFIED? CCLHF officers meet the first Tuesday of each month to review completed applications that have been received by the last day of the previous month. You will receive a copy of page 1 of the application about two weeks after the meeting; please print your name and address clearly, the post office will not deliver difficult to read addresses.

WHAT HAPPENS NEXT? After receiving the approval in the mail:

- 1) Contact the listed provider to schedule an appointment for a fitting by their office
- 2) Contact the CCLHF secretary's office at 360-690-4327 to arrange for pick up the device(s) and pay the Lions portion of the co-pay, if any (\$250.00* for a second device under programs one or two or any program three device)
- 3) All requests for a second device must be placed at the same time
- 4) Any applicable fitting co-payments and / or earmold fees will need to be paid directly to the provider's office at the time of your fitting appointment
- 5) All approvals are good for 120 days, after which a new application must be submitted

WHAT ARE THE INCOME & RESIDENCY REQUIREMENTS? Three assistance programs are available depending upon your length of residency in Clark County, family size, and total household income as listed on the eligibility chart, each program has different requirements and co-payments.

1) Program One – Open to any resident 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 (BTE) style hearing aid for a co-payment of \$50.00*. If you wish, you may obtain a second hearing aid for an additional co-payment of \$500.00*. Ear molds are not provided under the program. Applicants under the age of 18, or whose employment requires it, may be authorized for a second device at the discretion of the foundation for an additional co-payment of \$50.00*.

2) Program Two – Open to any resident 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 Aries-Pro BTE for a required for a co-payment of \$250.00*. If you wish, you may obtain a second hearing aid for an additional co-payment of \$500.00*. 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-payment is \$500.00* per device. Ear molds are not provided under the program.

WHAT ARE THE INCOME LEVELS FOR EACH PROGRAM? This chart will help you determine program eligibility. To use it, locate the number of people in your immediate family, for extended families only the applicants and or spouses income applies - follow the family size across to your total net income from all sources. This column is the program you qualify for.

Income Eligibility Chart

Family Size	Program 1 (100% 2017 FPG) \$50* Co-Payment		Program 2 (150% 2017 FPG) \$250* Co-Payment		Program 3 (200% 2017 FPG) \$500* Co-Payment	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	\$1005	\$12,060	1,508	\$18,090	\$2,010	\$24,120
2	\$1,353	\$16,240	\$2,030	\$24,360	\$2,707	\$32,480
3	\$1,702	\$20,420	\$2,553	\$30,630	\$3,403	\$40,840
4	\$2,050	\$24,600	\$3,075	\$36,900	\$4,100	\$49,200
5	\$2,398	\$28,780	\$3,598	\$43,170	\$4,797	\$57,560
6	\$2,747	\$32,960	\$4,120	\$48,440	\$5,493	\$65,920
More per person	\$348	\$4,180	\$523	\$6,270	\$697	\$8,360

HOW DO I APPLY? Your private information will only be shared with members of the CCLHF and will be kept in strict confidence, please black out any social security or account numbers.

- 1) Complete the two page attached application, sign page 2, send it with a copy of your:
- 2) Audiogram, which include pure tone and speech measurements & signed by the provider
- 3) Proof of income; any one of the following, a copy of your social security beneficiary letter, most recent 1040 income tax return, a recent pay stub, or bank statement; include all retirement income
- 4) Copy of a government issued photo ID

Return completed application, audiogram, proof of income and copy of a government photo ID to:

Clark County Lions Hearing Foundation Secretary
8317 E Mill Plain Blvd
Vancouver, WA 98664
Fax 360-690-0043



We Serve

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, proof of income & ID to:
Clark County Lions Hearing Foundation (CCLHF)
8317 E Mill Plain Blvd
Vancouver, WA 98664
Or Fax to 360-690-0043

Applicant Information: Please print clearly; this will be used to mail your response:

Full Name: (Please print)	Date of Birth
Street Address	Phone #
City _____, State _____ Zip Code _____	
E-mail: _____	
Clark County Continuous Residency _____ Years _____ Months	

Hearing Care Provider Information: *Optional:*

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.

Please complete this section if you wish to be referred back to your Hearing Care Provider if left blank a provider will be assigned to you

Clinic Name: (Please print)	Phone #
Street Address	FAX #
City _____ State _____ Zip Code _____	

******Clark County Lions Hearing Foundation Use Only******

- Approved for Hearing Aid Program One;** Applicant responsibility is \$50.00* to be paid to the provider. A second hearing aid if desired may be obtained, applicant responsibility is \$500.00* additional.
- Approved for Hearing Aid Program Two;** Applicant responsibility is \$250.00* to be paid to the provider. A second hearing aid if desired may be obtained, applicant responsibility is \$500.00* additional.
- Approved for Hearing Aid Program Three;** Applicant responsibility is \$500.00* per device.

Upon approval, applicant should schedule a fitting appointment with the provider listed above. Then contact the Lions secretary's office at 360-690-4327, notify the secretary if you want one or two devices, a Photo ID is required for release.

For each device under program Three and all-second hearing aids received under programs One & Two, \$250.00* is paid to the CCLHF when picking the devices up and \$250.00* is paid to provider at the fitting.

Authorization _____ Voucher # _____

Application denied for following reason _____

Page 2
Clark County Lions Programs One, Two or Three

REQUIRED INFORMATION

Number immediate of family members: (including yourself) _____

Total Monthly House Hold Income from all sources _____

- Application
- Complete Audiogram
- Proof of Income
- Photo ID

Additional Information

Where did you learn about the Clark County Lions Hearing Program? _____

Do you currently own or wear hearing aids? NO YES if so how long? _____

Have you ever received hearing aids from the Lions? NO YES if so when? _____

Certification of Total Income (Patient, legal guardian, or power of attorney please confirm and sign 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(s) co-payment and earmolds if recommended by my hearing care provider. The Clark County Lions Co-payment for a hearing aid under Program One is \$50.00*, Program Two is \$250.00*, Program Three is \$500.00*. I may also purchase a second hearing aid under all three programs for an additional \$500.00* plus earmold(s), if any at the time of the initial order.

This includes a Starkey Aries-Pro digital BTE style hearing aid, cost covers the hearing care providers fitting fee, 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 rescission 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 recipient's responsibility, loss and damage protection is not included, but may be purchased separately. Please ask your provider for details.

ALL APPLICATIONS MUST BE ACCOMPINED BY A HEARING EXAM (AUDIOGRAM) signed by the provider, PROOF OF INCOME, PHOTO ID, INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED & RETURNED

Name: (Please print) _____

Signed: _____

Date: _____

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: _____