Clark County Lions Hearing Committee
% 8317 E Mill Plain Blvd
Vancouver, WA 98664
Applications available at www.fortvancouverlions.org

PLEASE READ CAREFULLY & RETAIN THIS PAGE FOR FUTURE REFERENCE

WHAT CAN YOU TELL ME ABOUT ASSISTANCE FOR HEARING AIDS? Washington Medicaid covers the cost for one hearing aid every 5 years. The Clark County Lions Hearing Committee (CCLHC) is funded by a partnership between the Northwest Lions Foundation & 12 Lions Clubs in Clark County. The Committee is secondary to Medicaid and 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. A co-payment is required. The Committee provides devices once in a lifetime. The devices normal sales price is $1250.00 each, CCLHC has arranged for special pricing and reduced provider fees. Enclosed you will find important information regarding eligibility criteria and an application.

Applications must be complete or they will not be reviewed.

WHAT IS INCLUDED? Approved applicants receive:
1) One or two Starkey Livio or Evolv i1000 Receiver In the canal (RIC) style hearing aid(s) with Low Energy Bluetooth for streaming to Apple & some Android phones & comfort dome fitting
2) An initial fitting appointment and one post-fitting follow-up or adjustment visit,

WHAT IS NOT INCLUDED?
1) Custom In The Ear (ITE), In The Canal style (ITC, CIC), custom ear molds or any other make or model hearing aid are not provided through the CCLHC. 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 the following 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, it must 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? CCLHC 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 CCLHC secretary's office at 360-690-4327 to arrange for delivery or to pick up the device(s) and pay the Lions portion of the co-pay, if any.
3) 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
4) All approvals are good for 120 days, after which a new application must be submitted.

WHAT ARE THE INCOME & RESIDENCY REQUIREMENTS? Three Lions 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 below, each program has different requirements and co-payments.

1) Program One – Open to any resident of Clark County of at least one year with an immediate family income equal to or less than 133% of the Federal Poverty Guideline (FPG) and a moderate (35dB average or worse) hearing loss. This program provides one or two Starkey i1000 RIC style hearing aids for a co-payment of $50.00. Ear molds are not provided under the program.
2) Program Two – Open to any resident of Clark County of at least 90 days with an immediate family income equal to or less than 200% of the FPG. This program provides one or two i1000 RIC for a required co-payment of $350.00. Ear Molds are not provided under the program.
3) Program Three – Open to any resident of Clark County with an immediate family income equal to or less than 250% of the FPG. This program provides one or two i1000 RIC with a required Co-payment is $500.00. 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 (133% 2023 FPG) Co-Payment $50		Program 2 (200% 2023 FPG) Co-Payment $350		Program 3 (250% 2023 FPG) Co-Payment $500	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	1,616	19,391	2,430	29,160	3,038	36,450
2	2186	26,228	3,287	39,440	4,108	49,300
3	2,755	33,064	4,143	49,720	5,179	62,150
4	3,325	39,900	5,000	60,000	6,250	75,000
5	3,728	44,736	5,857	70,280	7,321	87,850
6	4,631	53,572	6,713	80,560	8,392	100,700
More per person	736	8,836	856	10,280	1,071	12,850

HOW DO I APPLY? Your application will be shared only with members of the CCLHC and will be kept in strict confidence, please black out any social security or account numbers on all documents.
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, it must 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 Committee Secretary
% 8317 E Mill Plain Blvd
Vancouver, WA 98664
Fax 360-690-0043

Applications can be downloaded from www.fortvancouverlions.org

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 Committee (CCLHC)
% 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 Committee Use Only******

☐ **Approved for Hearing Aid Program One;** Applicant responsibility is $50.00 to be paid to the provider.

☐ **Approved for Hearing Aid Program Two;** Applicant responsibility is $350.00 to be paid to the provider.

☐ **Approved for Hearing Aid Program Three;** Applicant responsibility is $500.00.

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. A Co-Pay for each device is paid to provider at the time of fitting. For all hearing aids received under program Three $150.00 is paid to the CCLHF when picking the devices. $350.00 to the providers office.

Authorization_____ Voucher #_____

Application denied for following reason_____

Clark County Lions Hearing Committee Programs One, Two or Three

REQUIRED INFORMATION

Number of immediate family members: (including yourself) _____

Total Monthly House Hold Income from all sources _____

☐ Application

☐ Complete Audiogram

☐ Proof of Income

☐ Photo ID

Additional Information; Medicaid (AppleCare) Covers one hearing aid for adults. The Clark County Lions will provide the provider with one hearing aid at a reduced fitting free from the committee. Not all providers participate in the program.

Do you have Apple Care (Medicaid) Insurance? NO YES (If YES Please Include Copy of your Insurance Card)

Does your provider accept Medicaid? NO YES

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

Have you ever received hearing aid(s) 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 immediate family household income. If I qualify, I will be responsible for paying the total costs associated with my hearing care, depending on the program, including hearing aids co-payment and earmolds if recommended by my hearing care provider. The Clark County Lions Co-payment for hearing aids under Program One is $50.00, Program Two is $350.00, and Program Three is $500.00.

This includes one or two Starkey i1000 RIC style hearing aids, 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 Committee will be fit by their contracted Clark County Lions Hearing Care Provider. Hearing aids may 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 $350.00 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 PROOF OF INCOME, PHOTO ID and HEARING EXAM (AUDIOGRAM) signed by the provider.

***APPLICATIONS WITHOUT REQUIRED INFORMATION WILL NOT BE ACCEPTED OR REVIEWED**

Name: (Please print)_____

Signed: _____

Date: _____

Contact Information: (Fill in if candidate has difficulties communicating in English by phone.)

Full Name: (Please print _____

Relation to Candidate: _____

Address: _____

City: _____ State: _____ Zip code:_____

Phone Number: (_____) _____Fax: (_____) _____

E-mail: _____