MASSACHUSETTS LIONS DISTRICT 33S
HEARING FOUNDATION, INC.
Audiology Service Program Application
Effective July 1, 2013

Program Purpose: To identify individuals residing within District 33-S who are in need of professional hearing evaluation and or hearing aid(s) and who are low income as defined by 250% of the current Federal Poverty Guidelines (http://www.aspe.hhs.gov/poverty/10poverty.shtml) When such a person is properly identified by the Local Lions Club Hearing Chairperson, Morton Hospital, A Steward Family Hospital Inc. Speech Hearing and Language Center and Spaulding Rehabilitation Hospital of Cape Cod (SRHCC) have agreed to provide these audiological services upon approval of the District 33-S Hearing Foundation Committee. Payment for all audiological services rendered is negotiated between District 33-S Hearing Foundation Inc., the local Lions club, and Morton Speech, Hearing and Language Center or SRHCC.

Instructions: This current application must be completed in full, signed by the applicant, the Local Lions Club Hearing Chairperson and the local Lions Club President. Return the completed, signed application with a local Lions Club check for $150.00 made payable to "Lions District 33-S Hearing Foundation Inc." to the Hearing Foundation at Morton Hospital Speech, Hearing & Language Center, 2007 Bay Street Suite B-100, Taunton, MA 02780. Failure to submit completed application will result in a delay of review.

ALL CHILDREN should covered by insurance for hearing evaluations and hearing aids if needed because of a Massachusetts Law passed and effective January 1, 2013.

PLEASE BE AWARE THAT UPON ACCEPTANCE OF THIS APPLICATION, THE APPLICANT MUST OBTAIN, FROM A PHYSICIAN, A MEDICAL ORDER FOR A HEARING TEST AND MEDICAL CLEARANCE FOR HEARING AID USE.

Applicant would like to be seen in Taunton _____ or in Sandwich _____.

Part 1 – The _____ Lions Club voluntarily agree to participate and sponsor the undersigned applicant in the Massachusetts Lions District 33-S Hearing Aid Program.

Part 2 – Name of applicant _____ Date of Birth _____

Address _____City/Town _____ Zip _____ Phone _____

Cell Phone _____ Email **Address** _____

How did the applicant learn of this program? _____

Part 3 – Medical insurance coverage questions which apply to the applicant:

No Insurance _____ Medicare _____ Mass Health (Welfare) or _____ Other Massachusetts Health _____

Do you receive Veteran's Administration (VA) Services? Yes _____ No _____

Are you receiving any assistance from the Mass. Rehabilitation Commission (MRC) Yes _____No _____

Name of insurance _____ Policy Number _____

Subscriber Name _____ Employed by _____

Name of insurance _____ Policy Number _____

Subscriber Name _____ Employed by _____

Morton Hospital Speech Hearing & Language Center or SRHCC, reserves the right to investigate all possible sources of reimbursement indicated above and ensure that all viable alternatives for reimbursement have been exhausted by you. PLEASE NOTE: The Morton Hospital Speech Hearing & Language Center or SRHCC under NO conditions supplies free hearing aids, earmolds, hearing aid batteries, hearing aid accessories or hearing aid repairs.

Page 2: Name of Applicant: _____

Part 4 – INCOME VERIFICATION NUMBER LIVING IN HOUSEHOLD _____

MONTHLY GROSS INCOME (Income before Taxes/Deductions)		**MONTHLY Expenses (Monthly Average)**	
Salary of Candidate	$_____	Rent/Mortgage	$_____
Salary of Spouse	$_____	Utilities	$_____
Salary of Parent	$_____	Food	$_____
Social Security Benefits	$_____	Phone	$_____
Retirement Pension	$_____	Medicine	$_____
Income from other Household Members	$_____	Car or Transportation	$_____
Food Stamps	$_____	Child Care	$_____
Investments	$_____	Home Insurance	$_____
Other Income	$_____	List Charge Cards	$_____
	$_____		$_____
	$_____		$_____
Total Monthly Income	$_____	Total Monthly Expenses	$_____

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)

LIONS CLUB MAY NOT HAVE CLIENT CONTRIBUTE TO THE COST OF THE APPLICATION OR SERVICES OBTAINED.

Recommendations or Instructions of Local Lions Club Chairperson

_____

Part 5 – Local Lions Club Hearing Chairperson _____

Address _____ City/Town _____ Zip _____

Signature of Local Lions Club Hearing Chairperson _____ **Date** _____

Signature of Local Lions Club President _____ **Date** _____

Part 6 – REPORT OF THE DISTRICT 33-S HEARING COMMITTEE:

Approved _____ Conditional Acceptance Disposition _____

Disapproved _____ Reason _____

Signature of Lions District 33-S Hearing Committee President _____ Date:_____